

FIG. 1

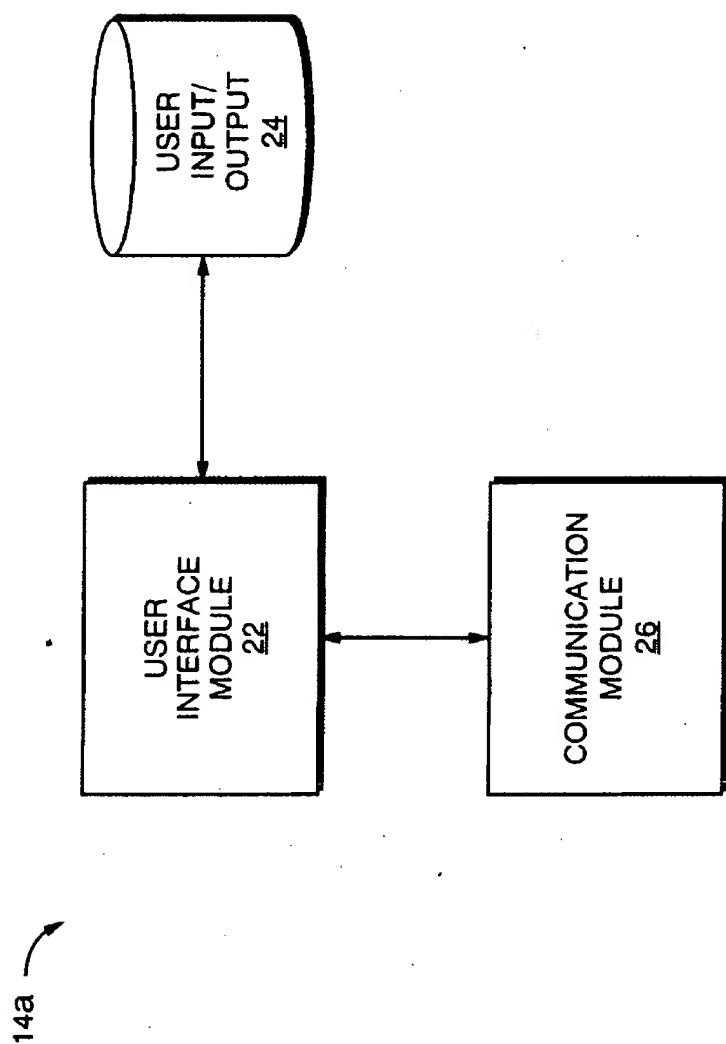


FIG. 2

14a

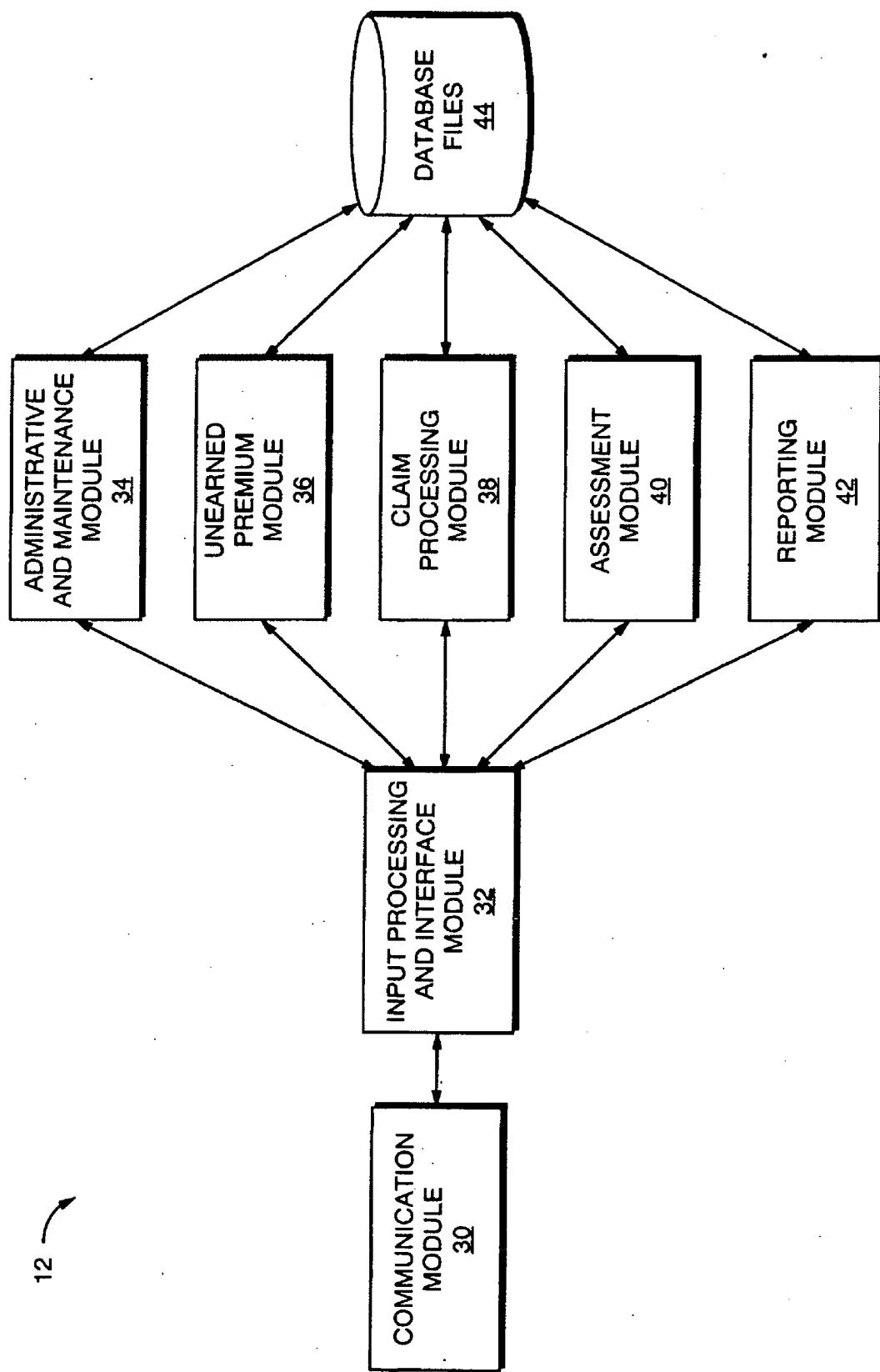


FIG. 3

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SECURITY
MODULE
34a

MEMBER AND STATE
MANAGEMENT
MODULE
34b

ACCOUNTING
SYSTEM INTERFACE
MODULE
34c

OTHER
MODULES
34d

FIG. 4

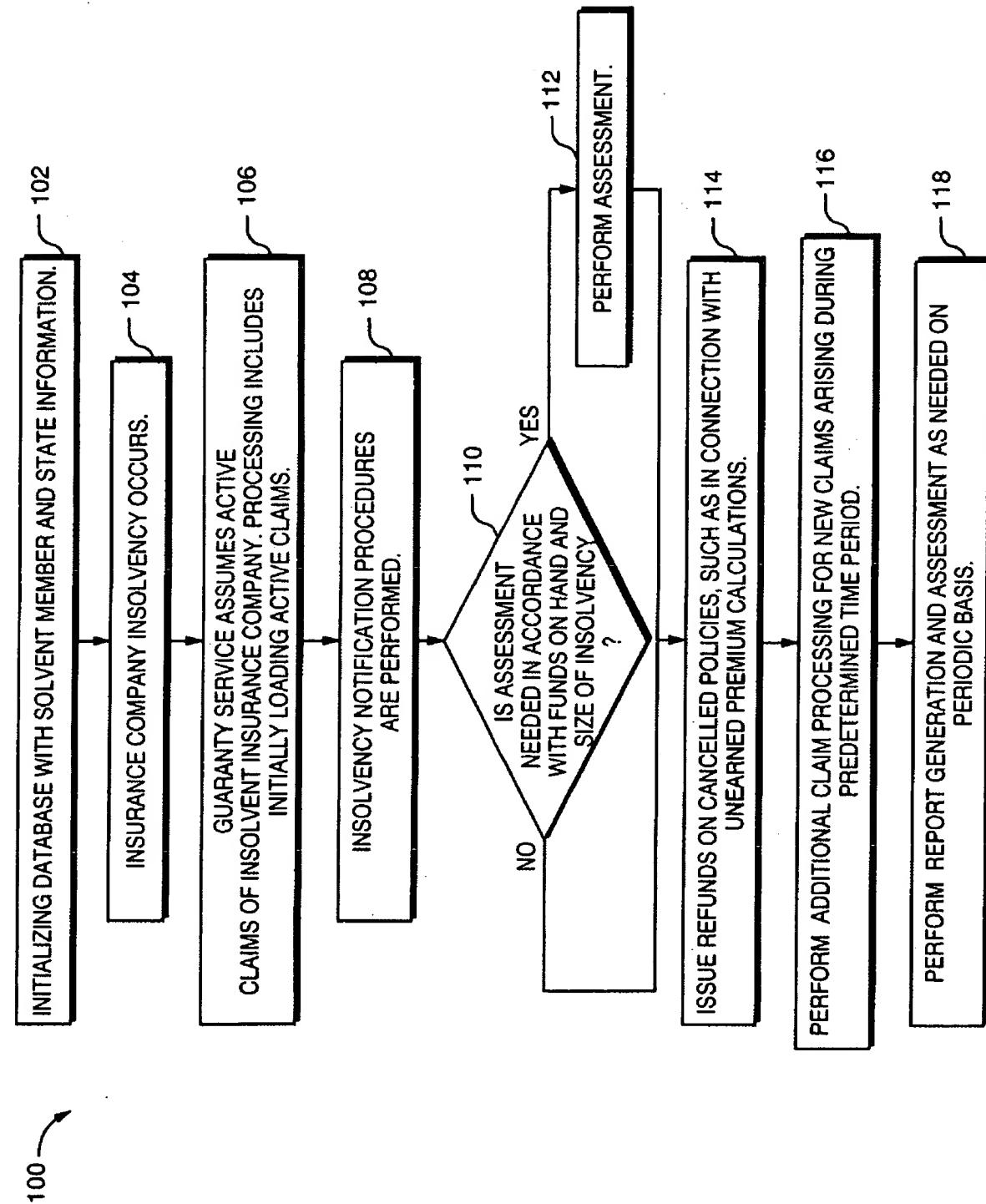


FIG. 5

Replacement Sheet

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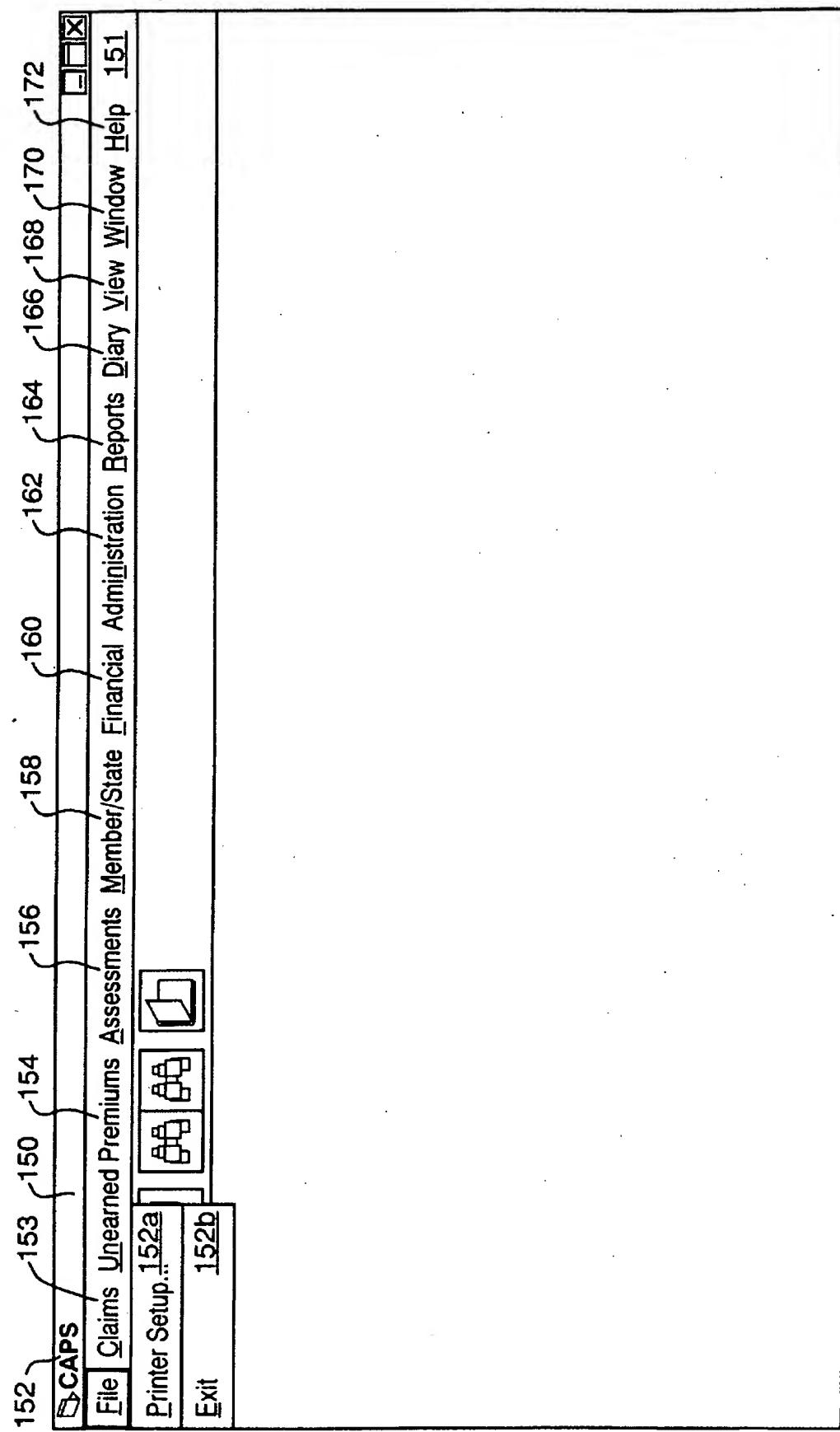


FIG. 6

Replacement Sheet

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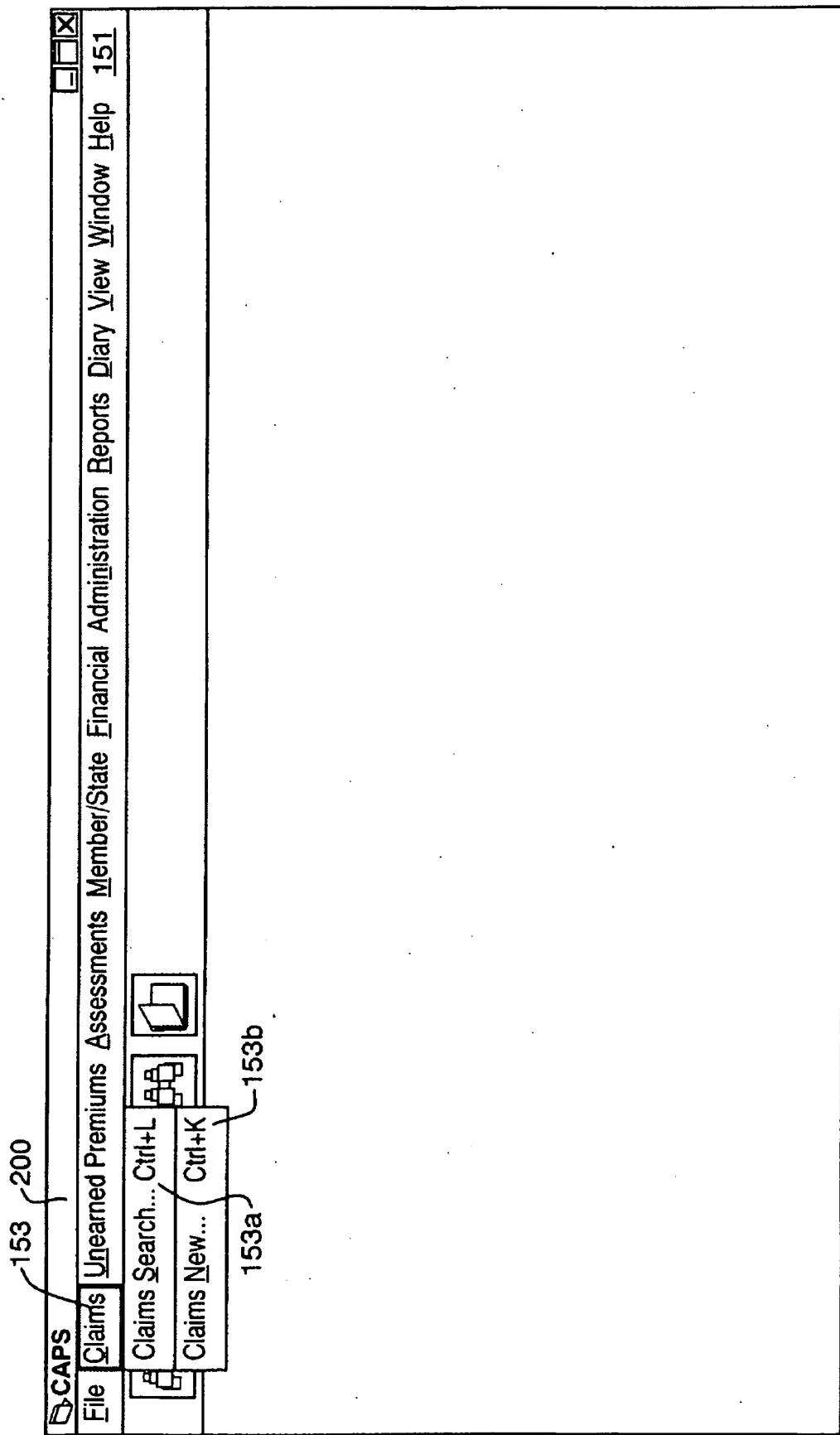


FIG. 7A

Replacement Sheet

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CAPS		202	
<input type="checkbox"/> File	<input type="checkbox"/> Claims	<input type="checkbox"/> Unearned Premiums	<input type="checkbox"/> Assessments
<input type="checkbox"/> Member/State	<input type="checkbox"/> Financial	<input type="checkbox"/> Administration	<input type="checkbox"/> Reports
<input type="checkbox"/> Diary	<input type="checkbox"/> View	<input type="checkbox"/> Window	<input type="checkbox"/> Help
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Claim Detail			
State Fund:	<input type="text"/>	Claim Number:	<input type="text"/>
Insolvency:	<input type="checkbox"/>	GFMS Number:	<input type="text"/>
Policy Number:	<input type="text"/>	Date of Loss:	<input type="text"/> / <input type="text"/>
Insured	<input type="text"/>	Status Reason:	<input type="text"/>
First Name:	<input type="text"/>	Status Change Date:	<input type="text"/> 12/08/2000
MI:	<input type="checkbox"/> Last Name:	Closed Status	<input type="text"/>
D/B/A or Company:	<input type="text"/>	Approved ID:	<input type="checkbox"/> Blocked <input type="checkbox"/> Read Notes
Policy 204a Claim 204b Claim 204c Claimant			
Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street 1:	<input type="text"/>	Agent:	<input type="text"/>
Street 2:	<input type="text"/>	Inception Level:	<input type="text"/> / <input type="text"/>
Street 3:	<input type="text"/>	Termination Date:	<input type="text"/> / <input type="text"/>
City:	<input type="text"/>	Policy Level Level:	<input type="checkbox"/> Excess of: <input type="text"/>
Zip Code:	<input type="text"/>	Policy Limits	<input type="checkbox"/> Single <input type="checkbox"/> Split <input type="checkbox"/> per person <input type="checkbox"/> per occurrence
Telephone:	<input type="text"/>	Ext:	<input type="text"/>
Fax:	<input type="text"/>		<input type="text"/>
Email:	<input type="text"/>		
<input type="button"/> New <input type="button"/> Search... <input type="button"/> Totals... <input type="button"/> Notes... <input type="button"/> Diary... <input type="button"/> Payment... <input type="button"/> Delete <input type="button"/> Print <input type="button"/> Save <input type="button"/> Close 208			

FIG. 7B

Replacement Sheet

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CAPS		210		- <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
File	Claims	Unearned Premiums	Assessments	Member/State	Financial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claim Detail					
State Fund:	<input type="checkbox"/>	Claim Number:	<input type="checkbox"/>	Type:	<u>206</u> <input type="checkbox"/> Claim <input checked="" type="checkbox"/> <input type="checkbox"/>
In solvency:	<input type="checkbox"/>	GFMS Number:	<input type="checkbox"/>	Status:	<input type="checkbox"/> Open <input checked="" type="checkbox"/> <input type="checkbox"/>
Policy Number:	<input type="checkbox"/>		<input type="checkbox"/>	Date of Loss:	<input type="checkbox"/> / / <input type="checkbox"/>
Insured	<input type="checkbox"/>	First Name:	<input type="checkbox"/> M: <input type="checkbox"/> Last Name:	Status Reason:	<input type="checkbox"/>
		D/B/A or Company:	<input type="checkbox"/>	Status Change Date:	<input type="checkbox"/> 12/08/2000 <input type="checkbox"/>
				Closed Status:	<input type="checkbox"/>
				Approved ID:	<input type="checkbox"/>
				Blocked:	<input type="checkbox"/>
				Read Notes:	<input type="checkbox"/>
Policy	<input type="checkbox"/>	[Claim]	<u>204b</u>	Claimant:	<input type="checkbox"/>
Date Reported:	<input type="checkbox"/> / /	Related Claim Number:	<input type="checkbox"/>		<input type="checkbox"/>
Date Received:	<input type="checkbox"/> / /	Liquidator's Claim Number:	<input type="checkbox"/>		<input type="checkbox"/>
Date Entered:	<input type="checkbox"/> 12/08/2000	Defense Attorney 1:	<input type="checkbox"/>		<input type="checkbox"/>
Entered By:	<input type="checkbox"/> JS2 - Stadtlander, Jason	Defense Attorney 2:	<input type="checkbox"/>		<input type="checkbox"/>
Claim Handler:	<input type="checkbox"/>	Toxic Site:	<input type="checkbox"/>		<input type="checkbox"/>
Lookup Code(s)	<input type="checkbox"/> 1. <input checked="" type="checkbox"/> 4. <input type="checkbox"/>	Insurance Account:	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/> 2. <input checked="" type="checkbox"/> 5. <input type="checkbox"/>	Line of Insurance:	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/> 3. <input type="checkbox"/>	Claim Box Number:	<input type="checkbox"/>		<input type="checkbox"/>
		File Location:	<input type="checkbox"/>		<input type="checkbox"/> 12/08/2000
			<input type="checkbox"/> 00 - ONE BOWDOIN SQUARE <input type="checkbox"/>		
New	<input type="checkbox"/> Search...	Totals...	<input type="checkbox"/> Notes...	<input type="checkbox"/> Diary...	<input type="checkbox"/> Payment... <input type="checkbox"/> Delete <input type="checkbox"/> Print <input type="checkbox"/> Save <input type="checkbox"/> Close <u>208</u>

FIG. 7C

Replacement Sheet

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CAPS		212																																																																																																																																												
File	Claims	Unearned Premiums	Assessments	Member/State	Financial Administration																																																																																																																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Claim Detail <table border="1"> <tr> <td>State Fund:</td> <td>MA</td> <td>206a</td> <td>Claim Number:</td> <td>000291331-003</td> <td>206b</td> <td>Type:</td> <td>206</td> <td>CBN</td> <td>206c</td> <td>▼</td> </tr> <tr> <td>Insolvency:</td> <td colspan="2">180 - TRUST INSURANCE COMPA</td> <td>GFMS Number:</td> <td>88637</td> <td>206e</td> <td>Status:</td> <td>206h</td> <td>Open</td> <td>206f</td> <td>▼</td> </tr> <tr> <td>Policy Number:</td> <td colspan="2"></td> <td>Date of Loss:</td> <td>08/20/1998</td> <td colspan="2">Status Reason:</td> <td colspan="4"></td> </tr> <tr> <td>Insured:</td> <td colspan="2">206</td> <td>First Name:</td> <td>DEBORAH</td> <td>MI:</td> <td>Last Name:</td> <td>FLANAGAN</td> <td colspan="3">Status Change Date: 08/09/2000</td> </tr> <tr> <td>D/B/A or Company:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Closed Status</td> <td colspan="2"></td> </tr> <tr> <td>Policy</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Approved ID:</td> <td colspan="2">Approved ID:</td> <td colspan="2">Read Notes</td> </tr> <tr> <td>Claim</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Blocked</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="11"> Claimant: <u>LAPSHIN, VLAD</u> 204c Policy: <u></u> Claim: <u></u> </td> </tr> <tr> <td colspan="11"> Claimant List: <table border="1"> <thead> <tr> <th>Claimant #</th> <th>Claimant Name</th> <th>Address</th> <th>Telephone</th> <th>Fax</th> <th>E-Mail</th> <th>Social Security</th> <th>Date C</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>LAPSHIN, VLAD</td> <td>-</td> <td>() - ext. () -</td> <td>-</td> <td>-</td> <td>-</td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="11"> <input type="button" value="New..."/> <input type="button" value="Modify..."/> <input type="button" value="Delete"/> </td> </tr> <tr> <td colspan="11"> <input type="button" value="Search..."/> <input type="button" value="Totals..."/> <input type="button" value="Notes..."/> <input type="button" value="Diary..."/> <input type="button" value="Payment..."/> <input type="button" value="Delete"/> <input type="button" value="Print"/> <input type="button" value="Save"/> <input type="button" value="Close"/> 208 </td> </tr> </table>						State Fund:	MA	206a	Claim Number:	000291331-003	206b	Type:	206	CBN	206c	▼	Insolvency:	180 - TRUST INSURANCE COMPA		GFMS Number:	88637	206e	Status:	206h	Open	206f	▼	Policy Number:			Date of Loss:	08/20/1998	Status Reason:						Insured:	206		First Name:	DEBORAH	MI:	Last Name:	FLANAGAN	Status Change Date: 08/09/2000			D/B/A or Company:							Closed Status				Policy					Approved ID:		Approved ID:		Read Notes		Claim					Blocked						Claimant: <u>LAPSHIN, VLAD</u> 204c Policy: <u></u> Claim: <u></u>											Claimant List: <table border="1"> <thead> <tr> <th>Claimant #</th> <th>Claimant Name</th> <th>Address</th> <th>Telephone</th> <th>Fax</th> <th>E-Mail</th> <th>Social Security</th> <th>Date C</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>LAPSHIN, VLAD</td> <td>-</td> <td>() - ext. () -</td> <td>-</td> <td>-</td> <td>-</td> <td></td> </tr> </tbody> </table>											Claimant #	Claimant Name	Address	Telephone	Fax	E-Mail	Social Security	Date C	1	LAPSHIN, VLAD	-	() - ext. () -	-	-	-		<input type="button" value="New..."/> <input type="button" value="Modify..."/> <input type="button" value="Delete"/>											<input type="button" value="Search..."/> <input type="button" value="Totals..."/> <input type="button" value="Notes..."/> <input type="button" value="Diary..."/> <input type="button" value="Payment..."/> <input type="button" value="Delete"/> <input type="button" value="Print"/> <input type="button" value="Save"/> <input type="button" value="Close"/> 208										
State Fund:	MA	206a	Claim Number:	000291331-003	206b	Type:	206	CBN	206c	▼																																																																																																																																				
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Policy Number:			Date of Loss:	08/20/1998	Status Reason:																																																																																																																																									
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Claim					Blocked																																																																																																																																									
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Claimant #	Claimant Name	Address	Telephone	Fax	E-Mail	Social Security	Date C																																																																																																																																							
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FIG. 7D

Replacement Sheet

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CAPS		214	214
File	Claims	Unearned Premiums	Assessments
Member/State	Financial	Administration	Reports
	Diary	View	Window
	Help		
			
Claim Detail			
State Fund:	<input type="checkbox"/>	Claim Number:	<input type="text"/> 216a
Insolvency:	<input type="checkbox"/>	Policy Number:	<input type="text"/> 216b
Policy Number:	<input type="checkbox"/>	Claimant	<input type="checkbox"/> 216c
Insured	<input type="checkbox"/>	First Name:	<input type="text"/> <input type="checkbox"/> Mi: <input type="checkbox"/> Last Name: <input type="text"/>
D/B/A or Company:	<input type="checkbox"/>	D/B/A or Company:	<input type="text"/> <input type="checkbox"/> Date: <input type="text"/> 12/08/2000
First Name:	<input type="checkbox"/>	Insured	<input type="checkbox"/> <input type="text"/> <input type="checkbox"/> Read Notes
D/B/A or Company:	<input type="checkbox"/>	First Name:	<input type="text"/> <input type="checkbox"/> Mi: <input type="checkbox"/> Last Name: <input type="text"/>
Insured	<input type="checkbox"/>	D/B/A or Company:	<input type="text"/> <input type="checkbox"/> Date: <input type="text"/> / /
Policy	<input type="checkbox"/>	Lookup Code(s)	<input type="checkbox"/> 216e
Street 1:	<input type="checkbox"/>	1:	<input type="text"/> <input type="checkbox"/> 2: <input type="text"/> <input type="checkbox"/> 3: <input type="text"/>
Street 2:	<input type="checkbox"/>	216f	<input type="checkbox"/> Related Claim Number: <input type="text"/>
Street 3:	<input type="checkbox"/>	Date of Loss:	<input type="text"/> <input type="checkbox"/> / /
City:	<input type="checkbox"/>	GFMS Number:	<input type="text"/> <input type="checkbox"/> Liquidator's Claim Number: <input type="text"/>
Zip Code:	<input type="checkbox"/>	Quick Search	<input type="checkbox"/> 216g
Telephone:	<input type="checkbox"/>	GFMS Number:	<input type="checkbox"/> 216h <input type="checkbox"/> Insolvency: <input type="text"/> <input type="checkbox"/> State Fund: <input type="text"/>
Fax:	<input type="checkbox"/>		
Email:	<input type="checkbox"/>		
<input type="checkbox"/> 216i <input type="checkbox"/> Search <input type="checkbox"/> Close			
<input type="checkbox"/> New <input type="checkbox"/> Search... <input type="checkbox"/> Totals... <input type="checkbox"/> Notes... <input type="checkbox"/> Diary... <input type="checkbox"/> Payment... <input type="checkbox"/> Delete <input type="checkbox"/> Print <input type="checkbox"/> Save <input type="checkbox"/> Close			

FIG. 7E

Replacement Sheet

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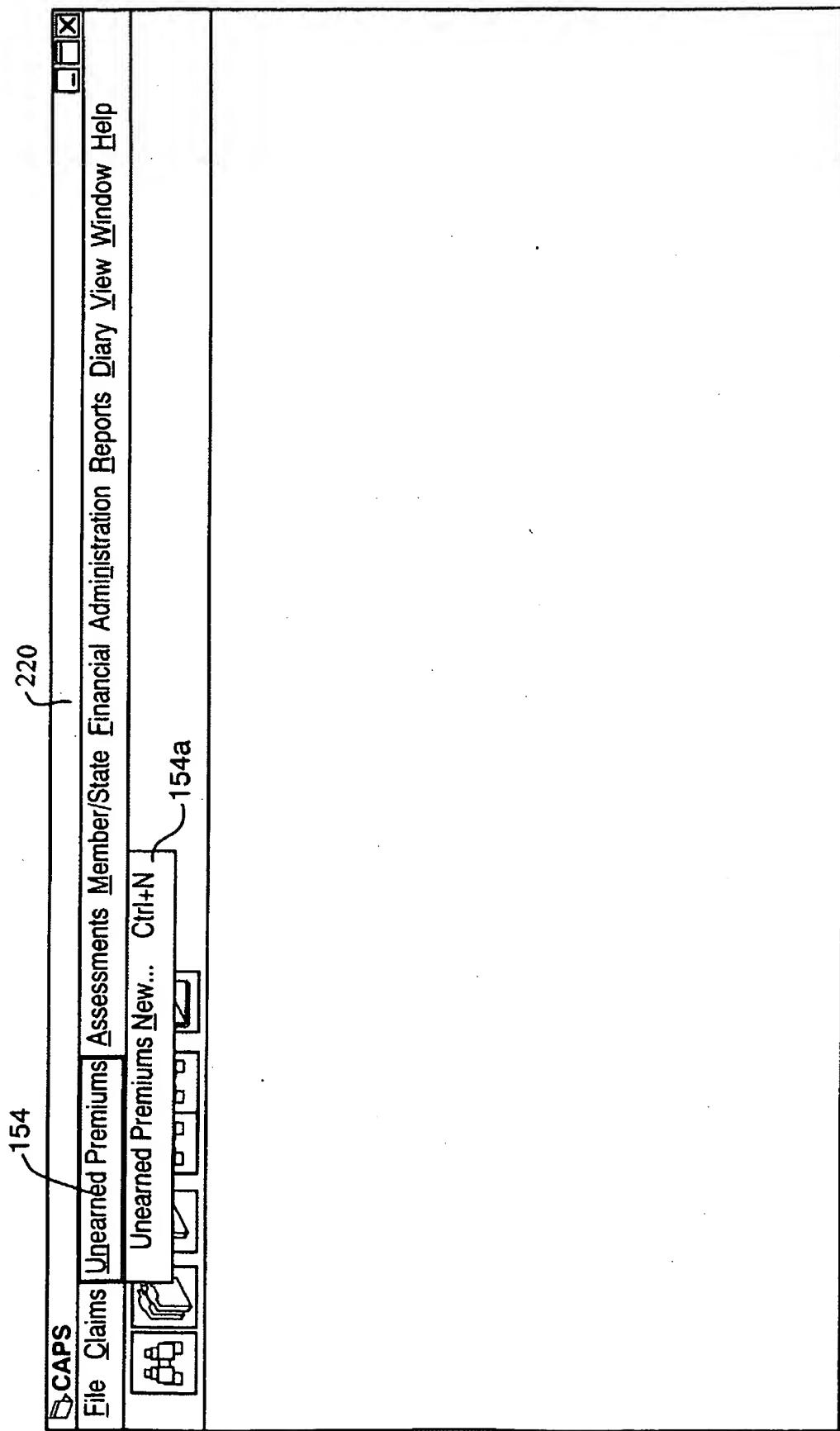
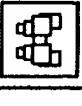
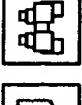


FIG. 8A

<input type="checkbox"/> CAPS 222		<input type="checkbox"/> File Claims <input type="checkbox"/> Unearned Premiums <input type="checkbox"/> Assessments <input type="checkbox"/> Member/State <input type="checkbox"/> Financial <input type="checkbox"/> Administration <input type="checkbox"/> Reports <input type="checkbox"/> Diary <input type="checkbox"/> View <input type="checkbox"/> Window <input type="checkbox"/> Help	
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 		<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Unearned Premium Policy Detail			
State Fund: <input type="text"/>	Insolvency: <input type="text"/>	UP Policy Number: <input type="text"/>	Insured #1 - First Name: <input type="text"/> Mi: <input type="checkbox"/> Last Name: <input type="text"/> Insured #2 - First Name: <input type="text"/> Mi: <input type="checkbox"/> Last Name: <input type="text"/> D/B/A or Company: <input type="text"/>
Insured <input type="checkbox"/> 224		UP Policy Number <input type="checkbox"/> 230	
Policy Information Inception Date: <input type="text"/> 228		Insured <input type="checkbox"/> 226b Premium Calculation 226c Termination / / Date: <input type="text"/> Inception Date: <input type="text"/> <input type="checkbox"/> Auditible: <input type="checkbox"/> No <input type="checkbox"/>	
Policy <input type="text"/> 226a Agent: <input type="text"/>		Payment History 226d Cancellation / / Date: <input type="text"/>	
UP Handler: <input type="text"/>		Entered By: <input type="text"/> JS2 - Stadtlander, Jason	
File Location: <input type="text"/> 00- ONE BOWDOIN SQUARE, BOSTON MA		File Location <input type="text"/> Date: <input type="text"/> 12/08/2000	
Status: <input type="checkbox"/> Open <input type="checkbox"/> 230a Reason: <input type="text"/>		Status <input type="text"/> Change Date: <input type="text"/> 12/08/2000	
<input type="checkbox"/> New <input type="checkbox"/> Search... <input type="checkbox"/> Notes... <input type="checkbox"/> Diary... <input type="checkbox"/> Delete <input type="checkbox"/> Print <input type="checkbox"/> Save <input type="checkbox"/> Close 230			

Replacement Sheet

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<input type="checkbox"/> CAPS	<u>242</u>	<input type="checkbox"/> File Claims	<input type="checkbox"/> Unearned Premiums	<input type="checkbox"/> Assessments	<input type="checkbox"/> Member/State	<input type="checkbox"/> Financial	<input type="checkbox"/> Administration	<input type="checkbox"/> Reports	<input type="checkbox"/> Diary	<input type="checkbox"/> View	<input type="checkbox"/> Window	<input type="checkbox"/> Help																																																																																																														
<p>Unearned Premium Policy Detail</p> <table border="1"> <tr> <td>State Fund:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Insolvency:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>UP Policy Number:</td> <td><u>224</u></td> </tr> <tr> <td>Insured</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Insured #1 - First Name:</td> <td><input type="checkbox"/></td> <td>MI: <input type="checkbox"/></td> <td>Last Name: <input type="checkbox"/></td> </tr> <tr> <td>Insured #2 - First Name:</td> <td><input type="checkbox"/></td> <td>MI: <input type="checkbox"/></td> <td>Last Name: <input type="checkbox"/></td> </tr> <tr> <td>D/B/A or Company:</td> <td colspan="3"><input type="checkbox"/></td> </tr> <tr> <td>Policy</td> <td><u>226a</u></td> <td><u>240</u></td> <td><u>Insured</u></td> <td><u>226b</u></td> <td><input type="checkbox"/> Premium Calculation <u>226c</u></td> <td><input type="checkbox"/> Payment History <u>226d</u></td> </tr> <tr> <td>Insured</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Street 1:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Street 2:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Street 3:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>City:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Zip Code:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Proof of Claim:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Proof of Claim #:</td> <td colspan="6"><input type="checkbox"/></td> </tr> <tr> <td>New</td> <td><input type="checkbox"/></td> <td>Search...</td> <td><input type="checkbox"/></td> <td>Notes...</td> <td><input type="checkbox"/></td> <td>Diary...</td> <td><input type="checkbox"/></td> <td>Delete</td> <td><input type="checkbox"/></td> <td>Print</td> <td><input type="checkbox"/></td> <td>Save</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13" style="text-align: right;"> <input type="checkbox"/> Close <u>230</u> </td> </tr> </table>													State Fund:	<input type="checkbox"/>	Insolvency:	<input type="checkbox"/>	UP Policy Number:	<u>224</u>	Insured	<input type="checkbox"/>	Insured #1 - First Name:	<input type="checkbox"/>	MI: <input type="checkbox"/>	Last Name: <input type="checkbox"/>	Insured #2 - First Name:	<input type="checkbox"/>	MI: <input type="checkbox"/>	Last Name: <input type="checkbox"/>	D/B/A or Company:	<input type="checkbox"/>			Policy	<u>226a</u>	<u>240</u>	<u>Insured</u>	<u>226b</u>	<input type="checkbox"/> Premium Calculation <u>226c</u>	<input type="checkbox"/> Payment History <u>226d</u>	Insured	<input type="checkbox"/>	Street 1:	<input type="checkbox"/>	Street 2:	<input type="checkbox"/>	Street 3:	<input type="checkbox"/>	City:	<input type="checkbox"/>	Zip Code:	<input type="checkbox"/>	Proof of Claim:	<input type="checkbox"/>	Proof of Claim #:	<input type="checkbox"/>						New	<input type="checkbox"/>	Search...	<input type="checkbox"/>	Notes...	<input type="checkbox"/>	Diary...	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Print	<input type="checkbox"/>	Save	<input type="checkbox"/>	<input type="checkbox"/> Close <u>230</u>																																															
State Fund:	<input type="checkbox"/>																																																																																																																									
Insolvency:	<input type="checkbox"/>																																																																																																																									
UP Policy Number:	<u>224</u>																																																																																																																									
Insured	<input type="checkbox"/>																																																																																																																									
Insured #1 - First Name:	<input type="checkbox"/>	MI: <input type="checkbox"/>	Last Name: <input type="checkbox"/>																																																																																																																							
Insured #2 - First Name:	<input type="checkbox"/>	MI: <input type="checkbox"/>	Last Name: <input type="checkbox"/>																																																																																																																							
D/B/A or Company:	<input type="checkbox"/>																																																																																																																									
Policy	<u>226a</u>	<u>240</u>	<u>Insured</u>	<u>226b</u>	<input type="checkbox"/> Premium Calculation <u>226c</u>	<input type="checkbox"/> Payment History <u>226d</u>																																																																																																																				
Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																				
Street 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																				
Street 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																				
Street 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																				
City:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																				
Zip Code:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																				
Proof of Claim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																				
Proof of Claim #:	<input type="checkbox"/>																																																																																																																									
New	<input type="checkbox"/>	Search...	<input type="checkbox"/>	Notes...	<input type="checkbox"/>	Diary...	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Print	<input type="checkbox"/>	Save	<input type="checkbox"/>																																																																																																													
<input type="checkbox"/> Close <u>230</u>																																																																																																																										

FIG. 8C

CAPS		244																																													
File	Claims	Unearned Premiums	Assessments	Member/State	Financial	Administration	Reports	Diary	View	Window	Help																																				
Unearned Premium Policy Detail <table border="1"> <tr> <td>State Fund:</td> <td><input type="text"/></td> <td>State Fund:</td> <td><input type="text"/></td> </tr> <tr> <td>Insolvency:</td> <td><input type="text"/></td> <td>Insolvency:</td> <td><input type="text"/></td> </tr> <tr> <td>UP Policy Number:</td> <td><input type="text"/></td> <td>UP Policy Number:</td> <td><input type="text"/></td> </tr> <tr> <td>Insured</td> <td><input type="text"/></td> <td>Insured #1 - First Name:</td> <td><input type="text"/></td> <td>MI:</td> <td><input type="text"/></td> <td>Last Name:</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td><input type="text"/></td> <td>Insured #2 - First Name:</td> <td><input type="text"/></td> <td>MI:</td> <td><input type="text"/></td> <td>Last Name:</td> <td><input type="text"/></td> </tr> <tr> <td>D/B/A or Company:</td> <td><input type="text"/></td> <td colspan="6"></td> </tr> </table>												State Fund:	<input type="text"/>	State Fund:	<input type="text"/>	Insolvency:	<input type="text"/>	Insolvency:	<input type="text"/>	UP Policy Number:	<input type="text"/>	UP Policy Number:	<input type="text"/>	Insured	<input type="text"/>	Insured #1 - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>		<input type="text"/>	Insured #2 - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>	D/B/A or Company:	<input type="text"/>						
State Fund:	<input type="text"/>	State Fund:	<input type="text"/>																																												
Insolvency:	<input type="text"/>	Insolvency:	<input type="text"/>																																												
UP Policy Number:	<input type="text"/>	UP Policy Number:	<input type="text"/>																																												
Insured	<input type="text"/>	Insured #1 - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>																																								
	<input type="text"/>	Insured #2 - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>																																								
D/B/A or Company:	<input type="text"/>																																														
Policy	<u>226a</u>	Insured	<u>226b</u>	Premium Calculation	<u>226c</u>	Payment History <u>226d</u>																																									
Line of Insurance:	<u>250a</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>	Non - Payment Letter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Total Premium:	<u>250b</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>	Payments Issued Letter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Premium Paid:	<u>250c</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>	Pending Amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Gross Unearned Premium:	<u>250d</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>	Pay...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Remaining Deductible:	<u>250e</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>	Reserve:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Payments Issued:	<u>250f</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Override Amount:	<u>250g</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Unearned Premium to be Paid:	<u>250h</u>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
New	<input type="button" value="Search..."/>	Notes...	<input type="button" value="Diary..."/>	<input type="button" value="Delete"/>	<input type="button" value="Print"/>	<input type="button" value="Save"/>	<input type="button" value="Close"/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>																																				

Replacement Sheet

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CAPS		254			
<input type="checkbox"/> File Claims <input type="checkbox"/> Unearned Premiums <input type="checkbox"/> Assessments <input type="checkbox"/> Member/State Financial <input type="checkbox"/> Administration <input type="checkbox"/> Reports <input type="checkbox"/> Diary <input type="checkbox"/> View <input type="checkbox"/> Window <input type="checkbox"/> Help					
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 		<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 			
Unearned Premium Policy Detail					
State Fund: <input type="text"/>	Insolvency: <input type="text"/>	Insured: <input type="text"/>	Insured #1 - First Name: <input type="text"/>	Mi: <input type="checkbox"/> Last Name: <input type="text"/>	<input type="checkbox"/> 256 <input checked="" type="checkbox"/>
UP Policy Number: <input type="text"/>			Insured #2 - First Name: <input type="text"/>		
Unearned Premium Policy Search					
D/B/A or Company: <input type="text"/>	Policy: <input type="text"/>	Insolvency: <input type="text"/>	UP Policy Number: <input type="text"/>	Insured - First Name: <input type="text"/>	Mi: <input type="checkbox"/> Last Name: <input type="text"/>
Line of Insurance: <input type="text"/>	Total Premium: <input type="text"/>	Premium Paid: <input type="text"/>	Gross Unearned F: <input type="text"/>	Remaining Deduct: <input type="text"/>	Payments Issued: <input type="text"/>
Override Amount: <input type="text"/>				Pending Amount: <input type="text"/>	
Unearned Premium to be Paid: <input type="text"/>				Pay... <input type="text"/>	
Reserve: <input type="text"/>					
<input type="button" value="New"/>	<input type="button" value="Search..."/>	<input type="button" value="Notes..."/>	<input type="button" value="Diary..."/>	<input type="button" value="Delete"/>	<input type="button" value="Print"/>
<input type="button" value="Save"/>	<input type="button" value="Close"/>				

FIG. 8E

Replacement Sheet

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<input type="checkbox"/> CAPS	<input type="checkbox"/> 258	<input type="checkbox"/> <input checked="" type="checkbox"/>									
File Claims	Unearned Premiums	Assessments	Member/State	Financial	Administration	Reports	Diary	View	Window	Help	
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	
Unearned Premium Policy Detail											
State Fund:	MA - Massachusetts Insurers Insolvency Fund			224a	<input checked="" type="checkbox"/>						
Insolvency:	143 - AMERICAN MUTUAL INSURANCE OF BOSTON			224b	<input checked="" type="checkbox"/>						
UP Policy Number:	C240362018			224c	224						
Insured	Insured #1 - First Name: <input type="text"/> Insured #2 - First Name: <input type="text"/>			MI: <input type="checkbox"/> Last Name: <input type="text"/> MI: <input type="checkbox"/> Last Name: <input type="text"/>	224d						
D/B/A or Company:	SMITKUMAR B KADAKIA										
Policy	Insured	Premium Calculation	222d [Payment History]								
260a	260										
Date	Amount	Payee/Description	Check #	Status	UP Handler	Entered By					
06/14/1989	\$283.00	PAYMENT REVERSED ON 11/2	34146	REVERSED	DA1	DA1					
01/24/1991	\$0.00	SMITKUMAR B KADAKIA, - SMI		RECOVERY	OTHREC						
260b											
262a	262b	262c									
	<input type="checkbox"/> Reverse...	<input type="checkbox"/> Recovery...	<input type="checkbox"/> Delete								
268a											
New	Search...	Notes...	Diary...	<input type="checkbox"/> Delete	<input type="checkbox"/> Print	<input type="checkbox"/> Save	<input type="checkbox"/> Close	208			

Replacement Sheet

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CAPS		270																																																																																																	
File	Claims	Unearned Premiums	Assessments	Member/State	Financial	Administration	Reports	Diary	View	Window	Help																																																																																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																								
<p>Unearned Premium Policy Detail</p> <p>Diary Detail 272</p> <table border="1"> <tr> <td>State Fund:</td> <td colspan="3">Massachusetts Insurers Insolvency Fund</td> </tr> <tr> <td>Insolvency:</td> <td colspan="3">AMERICAN MUTUAL INSURANCE OF BOSTON</td> </tr> <tr> <td>UP Policy Number:</td> <td colspan="3">C240362018</td> </tr> <tr> <td>Insured:</td> <td colspan="3">SMITKUMAR B KADAKIA, SMITKUMAR B KADAKIA</td> </tr> <tr> <td>Claimant:</td> <td colspan="3"></td> </tr> <tr> <td>Claim Number:</td> <td colspan="3"></td> </tr> <tr> <td>Date of Loss:</td> <td colspan="3"></td> </tr> <tr> <td>User ID:</td> <td>JS2</td> <td>272a</td> <td>Reviewer ID: <input type="text"/></td> </tr> <tr> <td>Diary Date:</td> <td>12/08/2000</td> <td>Review Date: 01/22/2001</td> <td>OR Number of Days: <input type="text"/></td> </tr> <tr> <td>Comments:</td> <td colspan="3">New Unearned Premium</td> </tr> <tr> <td>Policy</td> <td colspan="3">272b</td> </tr> <tr> <td>Line of Insurance:</td> <td colspan="3"></td> </tr> <tr> <td>Total Premium:</td> <td colspan="3"></td> </tr> <tr> <td>Premium Paid:</td> <td colspan="3"></td> </tr> <tr> <td>Gross Unearned P</td> <td colspan="3"></td> </tr> <tr> <td>Remaining Deduct:</td> <td colspan="3"></td> </tr> <tr> <td>Payments Issued:</td> <td colspan="3"></td> </tr> <tr> <td>Override Amount:</td> <td colspan="3"></td> </tr> <tr> <td>Unearned Premium Reserve:</td> <td colspan="3"></td> </tr> <tr> <td><input type="button" value="New"/></td> <td><input type="button" value="Save"/></td> <td><input type="button" value="Cancel"/></td> <td><input type="button" value="Close"/></td> <td colspan="8"></td> </tr> </table>												State Fund:	Massachusetts Insurers Insolvency Fund			Insolvency:	AMERICAN MUTUAL INSURANCE OF BOSTON			UP Policy Number:	C240362018			Insured:	SMITKUMAR B KADAKIA, SMITKUMAR B KADAKIA			Claimant:				Claim Number:				Date of Loss:				User ID:	JS2	272a	Reviewer ID: <input type="text"/>	Diary Date:	12/08/2000	Review Date: 01/22/2001	OR Number of Days: <input type="text"/>	Comments:	New Unearned Premium			Policy	272b			Line of Insurance:				Total Premium:				Premium Paid:				Gross Unearned P				Remaining Deduct:				Payments Issued:				Override Amount:				Unearned Premium Reserve:				<input type="button" value="New"/>	<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	<input type="button" value="Close"/>								
State Fund:	Massachusetts Insurers Insolvency Fund																																																																																																		
Insolvency:	AMERICAN MUTUAL INSURANCE OF BOSTON																																																																																																		
UP Policy Number:	C240362018																																																																																																		
Insured:	SMITKUMAR B KADAKIA, SMITKUMAR B KADAKIA																																																																																																		
Claimant:																																																																																																			
Claim Number:																																																																																																			
Date of Loss:																																																																																																			
User ID:	JS2	272a	Reviewer ID: <input type="text"/>																																																																																																
Diary Date:	12/08/2000	Review Date: 01/22/2001	OR Number of Days: <input type="text"/>																																																																																																
Comments:	New Unearned Premium																																																																																																		
Policy	272b																																																																																																		
Line of Insurance:																																																																																																			
Total Premium:																																																																																																			
Premium Paid:																																																																																																			
Gross Unearned P																																																																																																			
Remaining Deduct:																																																																																																			
Payments Issued:																																																																																																			
Override Amount:																																																																																																			
Unearned Premium Reserve:																																																																																																			
<input type="button" value="New"/>	<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	<input type="button" value="Close"/>																																																																																																

FIG. 8G

Replacement Sheet

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The screenshot shows the CAPS software interface. The menu bar includes File, Claims, Unearned Premiums, Assessments, Member/State, Financial, Administration, Reports, Diary, Window, View, Window, and Help. Below the menu bar, there are several icons with corresponding labels:

- 156c - Premiums...
- 156d - Allocate / Approve Assessment...
- 156e - Process Assessment...
- 156f - Refund Search...
- 156g - NAIC Data Load...

Icons include a magnifying glass, a clipboard, a document, and a person icon.

FIG. 9A

Replacement Sheet

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CAPS 282

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

Premium Summary

State Fund: Year: Insolvency Date: NAIC#: Find Status:

Member Find — NAIC#: Find

Premium Subtotals

Member	NAIC#

Member Ratios

Premium Detail... Add Premium... Delete Premium Insolvency Dates... Calculate State Law Close

FIG. 9B

Replacement Sheet

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<input checked="" type="checkbox"/> CAPS <input type="checkbox"/> File Claims <input type="checkbox"/> Unearned Premiums <input type="checkbox"/> Assessments <input type="checkbox"/> Member/State <input type="checkbox"/> Financial <input type="checkbox"/> Administration <input type="checkbox"/> Reports <input type="checkbox"/> Diary <input type="checkbox"/> View <input type="checkbox"/> Window <input type="checkbox"/> Help																					
																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> Individual Assessment Search </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> 292 </td> </tr> <tr> <td style="width: 15%;">State Fund:</td> <td style="width: 85%; text-align: right; padding-right: 10px;"> <input type="text"/> 294 </td> </tr> <tr> <td>Insolvency:</td> <td style="text-align: right; padding-right: 10px;"> <input type="text"/> 292a </td> </tr> <tr> <td>Insurance Account:</td> <td style="text-align: right; padding-right: 10px;"> <input type="text"/> 294 </td> </tr> <tr> <td>Kind:</td> <td style="text-align: right; padding-right: 10px;"> <input type="text"/> 294 </td> </tr> <tr> <td>Type:</td> <td style="text-align: right; padding-right: 10px;"> <input type="text"/> 294 </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reversal: <input type="checkbox"/> Premium Base Date: <input type="checkbox"/> Status: <input type="checkbox"/> Include Adjustments: <input type="checkbox"/> Reversal </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;"> 296 </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;"> <input type="button" value="Search"/> <input type="button" value="New"/> <input type="button" value="Delete"/> <input type="button" value="Select"/> <input type="button" value="Close"/> </td> </tr> </table>		Individual Assessment Search		292		State Fund:	<input type="text"/> 294	Insolvency:	<input type="text"/> 292a	Insurance Account:	<input type="text"/> 294	Kind:	<input type="text"/> 294	Type:	<input type="text"/> 294	<input type="checkbox"/> Reversal: <input type="checkbox"/> Premium Base Date: <input type="checkbox"/> Status: <input type="checkbox"/> Include Adjustments: <input type="checkbox"/> Reversal		296		<input type="button" value="Search"/> <input type="button" value="New"/> <input type="button" value="Delete"/> <input type="button" value="Select"/> <input type="button" value="Close"/>	
Individual Assessment Search																					
292																					
State Fund:	<input type="text"/> 294																				
Insolvency:	<input type="text"/> 292a																				
Insurance Account:	<input type="text"/> 294																				
Kind:	<input type="text"/> 294																				
Type:	<input type="text"/> 294																				
<input type="checkbox"/> Reversal: <input type="checkbox"/> Premium Base Date: <input type="checkbox"/> Status: <input type="checkbox"/> Include Adjustments: <input type="checkbox"/> Reversal																					
296																					
<input type="button" value="Search"/> <input type="button" value="New"/> <input type="button" value="Delete"/> <input type="button" value="Select"/> <input type="button" value="Close"/>																					

FIG. 9C

Replacement Sheet

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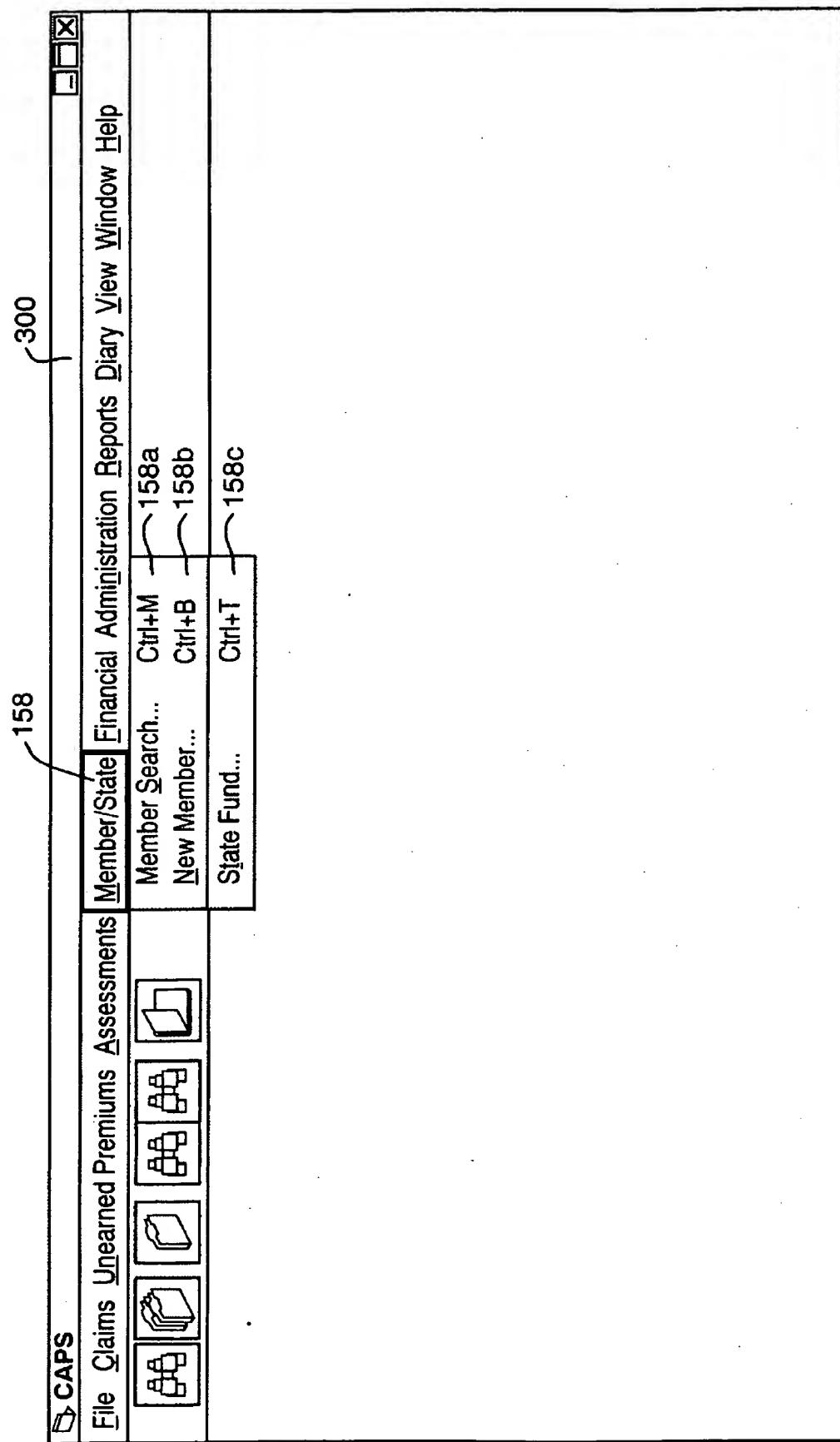


FIG. 10A

Replacement Sheet

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CAPS		File	Claims	Unearned Premiums	Assessments	Member/State	Financial	Administration	Reports	Diary	View	Window	Help																																																																														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																														
<table border="1"> <tr> <td colspan="2"> Member Detail <input type="text" value="304"/> </td> <td colspan="2"> 304 <input type="text" value="304a"/> </td> <td colspan="2"> 304b <input type="text" value="304b"/> </td> <td colspan="2"> <input type="checkbox"/> Assign to Group <input type="checkbox"/> Group Code: <input type="text" value="304c"/> </td> <td colspan="2"> <input type="checkbox"/> Group Name: <input type="text" value="304c"/> </td> <td colspan="2"> <input type="checkbox"/> Insolvency <input type="checkbox"/> Member </td> <td colspan="2"> <input type="checkbox"/> Statutory Liquidator <input type="checkbox"/> Administrative </td> <td colspan="2"> <input type="checkbox"/> Operational Liquidator <input type="checkbox"/> State Funds </td> <td colspan="2"> <input type="checkbox"/> State of Domicile: <input type="text" value="304d"/> </td> <td colspan="2"> <input type="checkbox"/> Servicing Carrier <input type="checkbox"/> Split Member </td> <td colspan="2"> <input type="checkbox"/> Split Year: <input type="text" value="304e"/> </td> <td colspan="2"> <input type="checkbox"/> Comments <input type="checkbox"/> Address... </td> </tr> <tr> <td colspan="2"> 304f <input type="text" value="304f"/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Street 1: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Street 2: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Street 3: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="City: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="State: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Zip Code: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Contact: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Telephone: ("/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Ext: "/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="Fax: ("/> </td> <td colspan="2"> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text" value="E-Mail: "/> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Insolvency <input type="checkbox"/> Member Detail </td> <td colspan="2"> <input type="checkbox"/> New </td> <td colspan="2"> <input type="checkbox"/> Save </td> <td colspan="2"> <input type="checkbox"/> Close </td> <td colspan="2"> <input type="checkbox"/> Search </td> <td colspan="2"> <input type="checkbox"/> Insolvency </td> <td colspan="2"> <input type="checkbox"/> Member Detail </td> <td colspan="2"> <input type="checkbox"/> Comments </td> <td colspan="2"> <input type="checkbox"/> Address... </td> <td colspan="2"> <input type="checkbox"/> Split Year </td> <td colspan="2"> <input type="checkbox"/> Servicing Carrier </td> <td colspan="2"> <input type="checkbox"/> Split Member </td> <td colspan="2"> <input type="checkbox"/> State of Domicile </td> <td colspan="2"> <input type="checkbox"/> Insolvency </td> <td colspan="2"> <input type="checkbox"/> Member Detail </td> </tr> </table>														Member Detail <input type="text" value="304"/>		304 <input type="text" value="304a"/>		304b <input type="text" value="304b"/>		<input type="checkbox"/> Assign to Group <input type="checkbox"/> Group Code: <input type="text" value="304c"/>		<input type="checkbox"/> Group Name: <input type="text" value="304c"/>		<input type="checkbox"/> Insolvency <input type="checkbox"/> Member		<input type="checkbox"/> Statutory Liquidator <input type="checkbox"/> Administrative		<input type="checkbox"/> Operational Liquidator <input type="checkbox"/> State Funds		<input type="checkbox"/> State of Domicile: <input type="text" value="304d"/>		<input type="checkbox"/> Servicing Carrier <input type="checkbox"/> Split Member		<input type="checkbox"/> Split Year: <input type="text" value="304e"/>		<input type="checkbox"/> Comments <input type="checkbox"/> Address...		304f <input type="text" value="304f"/>		<input style="width: 150px; 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FIG. 10B

Replacement Sheet

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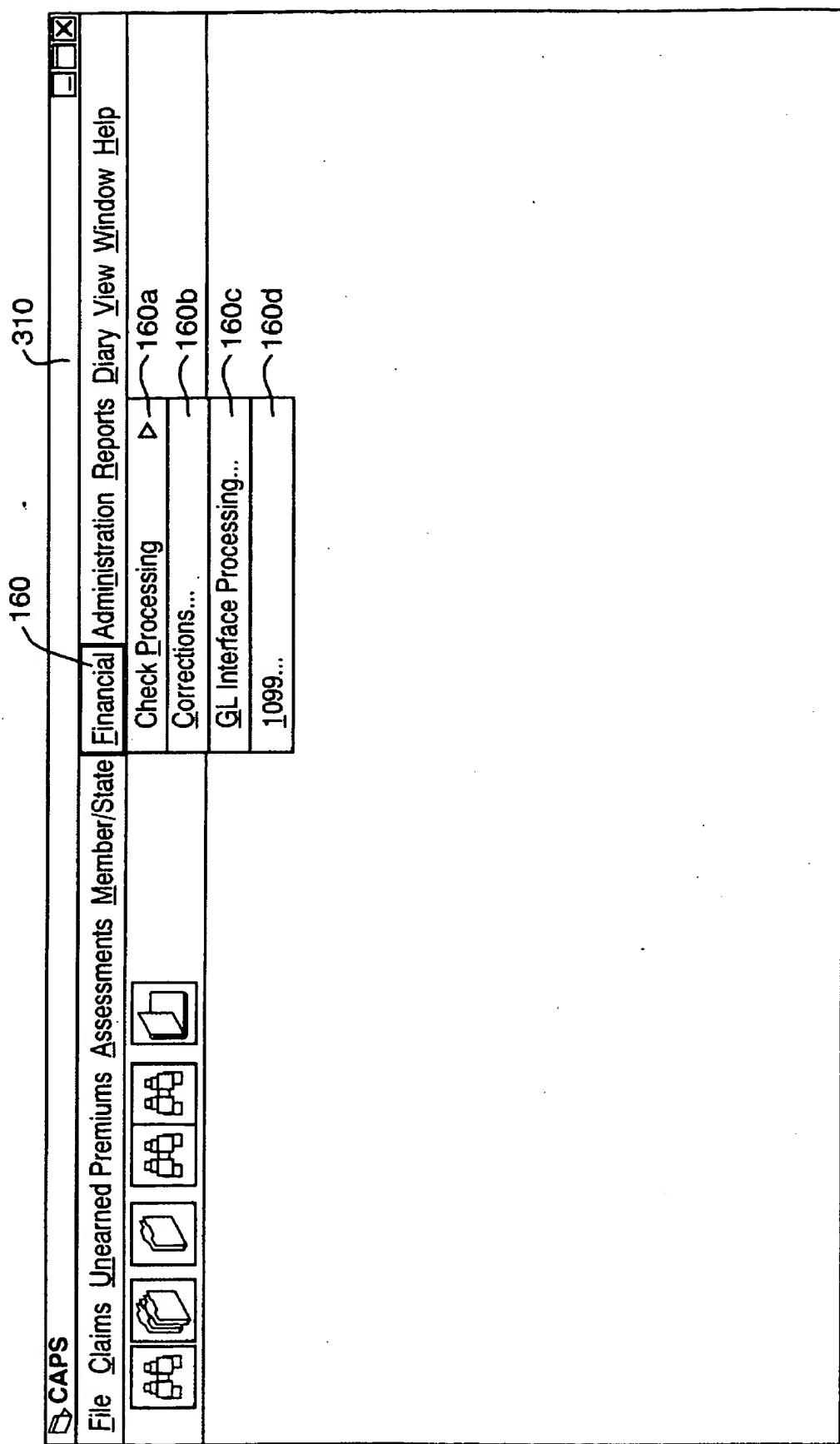


FIG. 11

Replacement Sheet

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312

162

<input checked="" type="checkbox"/> CAPS	<input type="checkbox"/> File	<input type="checkbox"/> Claims	<input type="checkbox"/> Unearned Premiums	<input type="checkbox"/> Assessments	<input type="checkbox"/> Member/State	<input type="checkbox"/> Financial	<input type="checkbox"/> Administration	<input type="checkbox"/> Reports	<input type="checkbox"/> Diary	<input type="checkbox"/> View	<input type="checkbox"/> Window	<input type="checkbox"/> Help													
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
162a	Add Code...																								
162b	File Location...																								
162c	Approvals		△																						
162d	Agent...		△																						
162e	Liquidator		△																						
162f	Provider/Payee		△																						
162g	Toxic Site...																								
162h	Helmsman		△																						
162i	UDS Map...																								
162j	NAIC LDI Code...																								
162k	Insurance Account...																								
162l	Security...																								
162m	Claim Handler...																								
162n	Change Password... Ctrl+W																								

FIG. 12

Replacement Sheet

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<input type="checkbox"/> CAPS	<input type="checkbox"/> Claims	<input type="checkbox"/> Unearned Premiums	<input type="checkbox"/> Assessments	<input type="checkbox"/> Member/State	<input type="checkbox"/> Financial	<input type="checkbox"/> Administration	<input type="checkbox"/> Reports	<input type="checkbox"/> Diary	<input type="checkbox"/> View	<input type="checkbox"/> Window	<input type="checkbox"/> Help
											
				164a	Assessments	164b	Claims	164c	Unearned Premiums	164d	Common Functions
											

FIG. 13

Replacement Sheet

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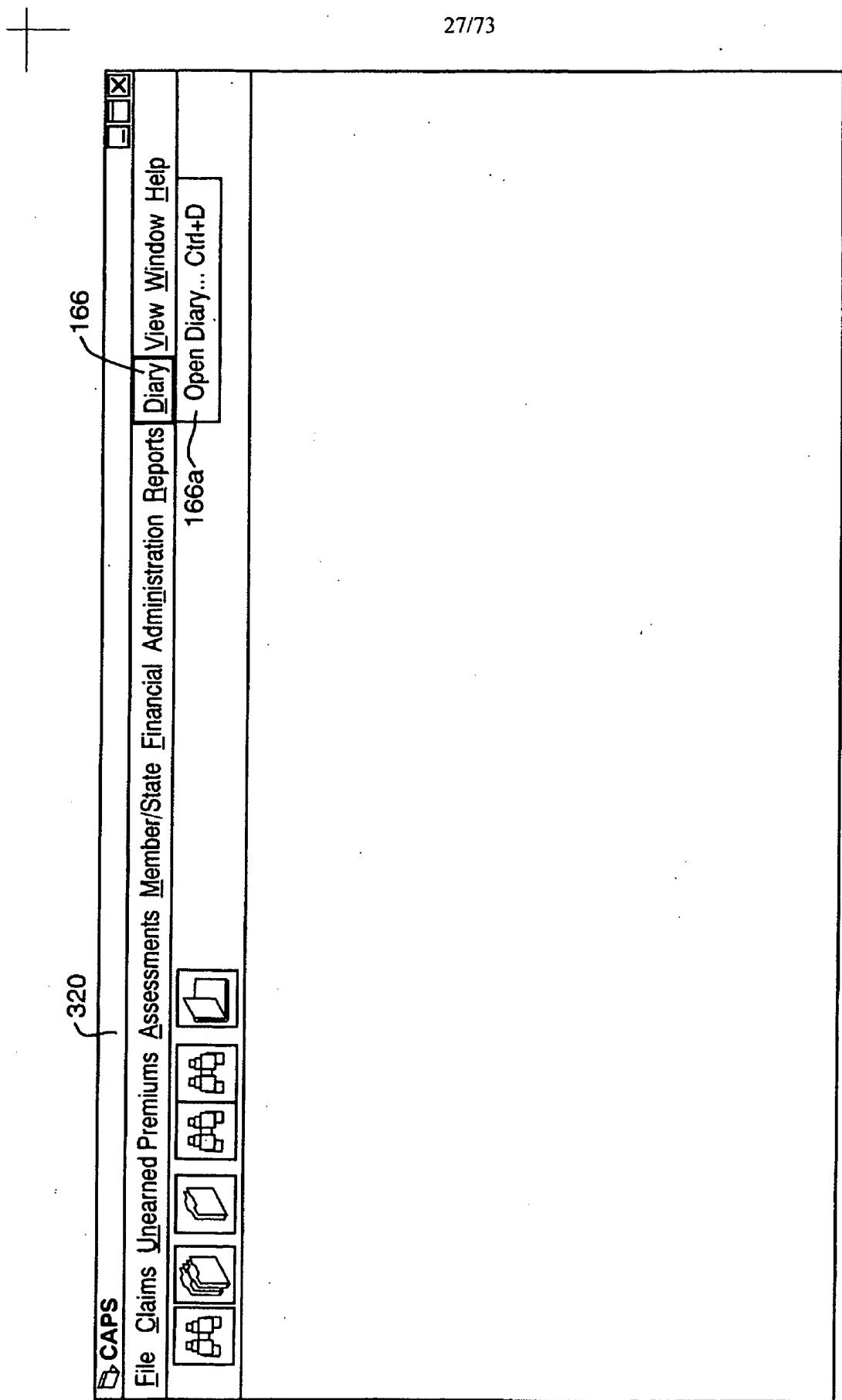


FIG. 14

Replacement Sheet

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314.

<input checked="" type="checkbox"/> CAPS	<input type="checkbox"/> File	<input type="checkbox"/> Claims	<input type="checkbox"/> Unearned Premiums	<input type="checkbox"/> Assessments	<input type="checkbox"/> Member/State	<input type="checkbox"/> Financial	<input type="checkbox"/> Administration	<input type="checkbox"/> Reports	<input type="checkbox"/> Diary	<input type="checkbox"/> View	<input type="checkbox"/> Window	<input type="checkbox"/> Help

316

Change Password

User ID:

Old Password:

New Password:

Confirm New Password:

FIG. 15

Replacement Sheet

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322

CAPS		
File	Claims	Unearned Premiums
Assessments	Member/State	Financial Administration
Reports	Diary	View
Window	Help	

324

324a

324b

324c

324d

324e

324

Users

User ID	User Name	Status
DA1	Amigo, Denise	Active
LA2	Anderson, Laura	Active
LA1	Angelone, Linda	Active
AUDITORS	auditor, auditor	Active
BB1	Barry, Robert	Active
RFB	Barry, Robert	Active
RB1	Bell, Richard	Active
VB1	Bena, Vivian	Active
MB1	Biever, Marisa	Active
DB1	Brown, Donald	Active
LC2	Cardinal, Leanne	Active

New...

Modify...

Assign Roles...

Close

FIG. 16

Replacement Sheet

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FIG. 17

Replacement Sheet

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334

CAPS

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

336

324c

User ID	User Name	Status
DA1	Denise	<input checked="" type="checkbox"/>
LA2	Amigo	<input type="checkbox"/>
LA1	DA1	<input type="checkbox"/>
AUDITORS		<input type="checkbox"/>
BB1		<input type="checkbox"/>
RFB		<input type="checkbox"/>
RB1		<input type="checkbox"/>
VB1	Active	<input type="checkbox"/>
MB1		<input type="checkbox"/>
DB1		<input type="checkbox"/>
LC2		<input type="checkbox"/>

User Detail

First Name: Denise

Last Name: Amigo

User Login ID: DA1

User Status: Active

FIG. 18

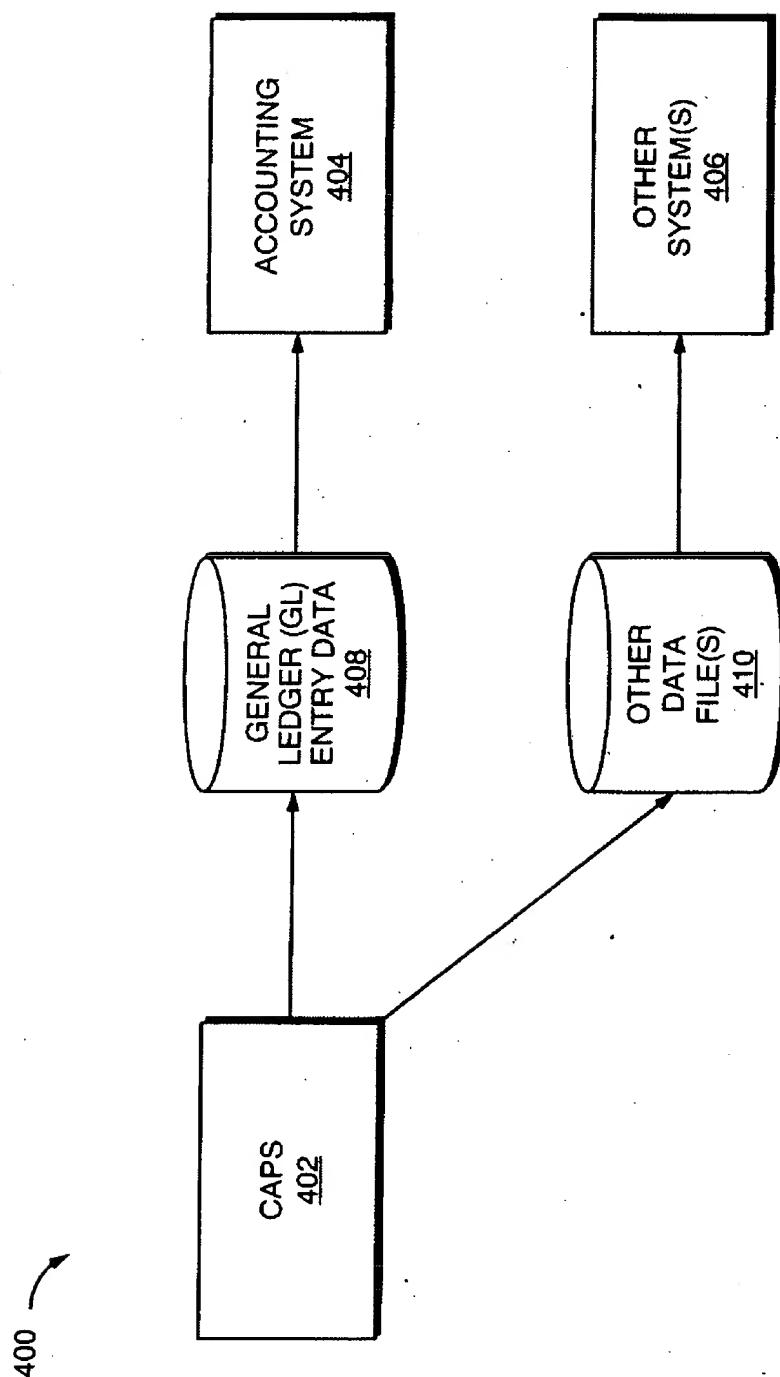


FIG. 19

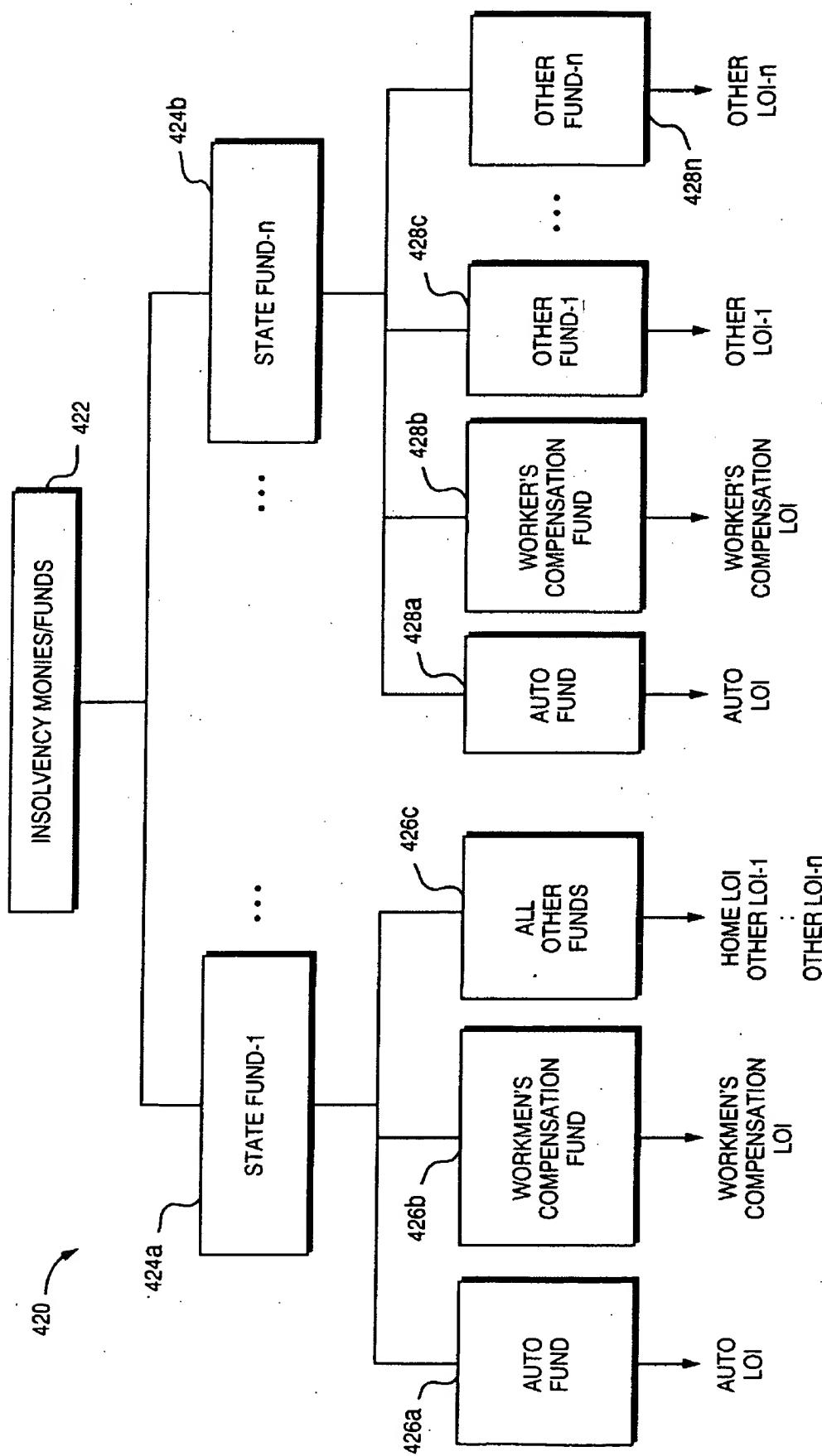


FIG. 20

Insolvency Mapping		
<input type="checkbox"/>	500	<input type="checkbox"/> <input checked="" type="checkbox"/>
Insolvency:	Johnson Mutual Insurance Company	
State Fund:	NH	
Insurance Account:	Auto	
Coverage List:		
Yes/No	Coverage Code	Coverage Description
N	305003	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit
N	305006	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate
N	305009	Commercial Auto-Liability-Bodily Injury-Underinsured Motorist
N	305012	Commercial Auto-Liability-Bodily Injury-Uninsured Motorist
N	305015	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit
N	305018	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate
N	305021	Commercial Auto-Liability-Property Damage-Underinsured Motorist
N	305024	Commercial Auto-Liability-Property Damage-Uninsured Motorist
N	305027	Personal Injury Protection (PIP)-No Fault
N	305030	Medical Payments
N	305033	Comprehensive or Specified Perils
N	305036	Commercial

506a → 506b → 506c → 502 → 500

FIG. 21

Replacement Sheet

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Totals		510																																																																							
State Fund:	MA	Claim Number:	12345678901234567890																																																																						
Insolvency:	Abington Mutual Insurance Company	GFMS Number:	GF00000001																																																																						
Policy Number:	HP020240000000000000	Date of Loss:	04/27/1999																																																																						
Claimant:	Bronson Klopfenstein 512 ▽																																																																								
Coverage List:	<table border="1"> <thead> <tr> <th>Coverage</th> <th>Loss Res.</th> <th>Loss Paid</th> <th>Loss Pend.</th> <th>Exp. Res.</th> <th>Exp. Paid</th> <th>Exp. Pend.</th> <th>Loss Recovery</th> <th>Exp. Recovery</th> <th>Offset</th> </tr> </thead> <tbody> <tr> <td>Benefits</td> <td>\$300,000.00</td> <td>\$20,000.00</td> <td>\$2,000.00</td> <td>\$40,000.00</td> <td>\$0</td> <td>\$0</td> <td>\$1,000.00</td> <td>\$100.00</td> <td>\$500.00</td> </tr> <tr> <td>Medical Expense</td> <td>\$11,000.00</td> <td>\$600.00</td> <td>\$0</td> <td>\$5,000.00</td> <td>\$1,000.00</td> <td>\$0</td> <td>\$1,000.00</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>COLA</td> <td>\$3,000.00</td> <td>\$500.00</td> <td>\$150.00</td> <td>\$1,000.00</td> <td>\$200.00</td> <td>\$50.00</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Claimant Totals</td> <td>\$314,000</td> <td>\$21,000</td> <td>\$2,150</td> <td>\$46,000</td> <td>\$5,200</td> <td>\$50</td> <td>\$2,000</td> <td>\$100</td> <td>\$500</td> </tr> <tr> <td>Claim Totals</td> <td>\$600,000</td> <td>\$60,000</td> <td>\$10,000</td> <td>\$90,000</td> <td>\$15,000</td> <td>\$3,000</td> <td>\$7,000</td> <td>\$500</td> <td>\$1,000</td> </tr> <tr> <td>▽</td> </tr> </tbody> </table>			Coverage	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset	Benefits	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$0	\$0	\$1,000.00	\$100.00	\$500.00	Medical Expense	\$11,000.00	\$600.00	\$0	\$5,000.00	\$1,000.00	\$0	\$1,000.00	\$0	\$0	COLA	\$3,000.00	\$500.00	\$150.00	\$1,000.00	\$200.00	\$50.00	\$0	\$0	\$0	Claimant Totals	\$314,000	\$21,000	\$2,150	\$46,000	\$5,200	\$50	\$2,000	\$100	\$500	Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000	▽	▽	▽	▽	▽	▽	▽	▽	▽	▽
Coverage	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset																																																																
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▽	▽	▽	▽	▽	▽	▽	▽	▽	▽																																																																
		516																																																																							
				Close																																																																					

FIG. 22

Replacement Sheet

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520

Totals																																																			
State Fund:	MA																																																		
Insolvency:	Abington Mutual Insurance Company																																																		
Policy Number:	HP0202400000000000																																																		
Coverage:	Benefits																																																		
Claimant List:	<table border="1"> <thead> <tr> <th>Claimant</th> <th>Loss Res.</th> <th>Loss Paid</th> <th>Loss Pend.</th> <th>Exp. Res.</th> <th>Exp. Paid</th> <th>Exp. Pend.</th> <th>Loss Recovery</th> <th>Exp. Recovery</th> <th>Offset</th> </tr> </thead> <tbody> <tr> <td>Bronson Klopfenstein</td> <td>\$300,000.00</td> <td>\$20,000.00</td> <td>\$2,000.00</td> <td>\$40,000.00</td> <td>\$0</td> <td>\$0</td> <td>\$2,000.00</td> <td>\$150.00</td> <td>\$600.00</td> </tr> <tr> <td>John Smith</td> <td>\$200,000.00</td> <td>\$30,000.00</td> <td>\$3,000.00</td> <td>\$40,000.00</td> <td>\$5,000.00</td> <td>\$1,000.00</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Coverage Totals</td> <td>\$500,000</td> <td>\$50,000</td> <td>\$5,000</td> <td>\$80,000</td> <td>\$9,000</td> <td>\$1,000</td> <td>\$2,000</td> <td>\$150</td> <td>\$600</td> </tr> <tr> <td>Claim Totals</td> <td>\$600,000</td> <td>\$60,000</td> <td>\$10,000</td> <td>\$90,000</td> <td>\$15,000</td> <td>\$3,000</td> <td>\$7,000</td> <td>\$500</td> <td>\$1,000</td> </tr> </tbody> </table>	Claimant	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset	Bronson Klopfenstein	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$0	\$0	\$2,000.00	\$150.00	\$600.00	John Smith	\$200,000.00	\$30,000.00	\$3,000.00	\$40,000.00	\$5,000.00	\$1,000.00	\$0	\$0	\$0	Coverage Totals	\$500,000	\$50,000	\$5,000	\$80,000	\$9,000	\$1,000	\$2,000	\$150	\$600	Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000
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John Smith	\$200,000.00	\$30,000.00	\$3,000.00	\$40,000.00	\$5,000.00	\$1,000.00	\$0	\$0	\$0																																										
Coverage Totals	\$500,000	\$50,000	\$5,000	\$80,000	\$9,000	\$1,000	\$2,000	\$150	\$600																																										
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000																																										

526

522

Coverage

524 ▽

Close ▽

FIG. 23

Replacement Sheet

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Diary Detail		
State Fund:	RI. Ins. Insolvency Fund	
Insolvency:	United Community Insurance Co.	
Policy Number:	WC 447824	
Insured:	532	
Claimant:	South Kingstown School Dept.	
Claim Number:	Jason Rodner	
Claim Number:	435678	
Date of Loss:	535a	
User ID:	02/13/1999	Reviewer ID: df1
Diary Date:	05/10/1999	Review Date: 06/30/1999
Comments:	535b	
Number of Days: <input type="text"/>		
OR		
Comments: 534		
Diary History List:		
Diary Date	Review Date	Comments
536		
<input type="button" value="Save"/>		<input type="button" value="Cancel"/>

FIG. 24

Replacement Sheet

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	ACTION	DIARY TYPE	CLAIM	UNEARNED PREMIUM	GENERIC
APPROVAL	• WHEN A CLAIM PAYMENT IS DELETED	CLAIM PAYMENT APPROVAL	✓		
APPROVAL	• WHEN AN UNEARNED PREMIUM PAYMENT IS DELETED	UP PAYMENT APPROVAL		✓	
APPROVAL	• WHEN THE CLOSING OF A CLAIM IS REJECTED	CLAIM CLOSING APPROVAL	✓		
APPROVAL	• WHEN THE CLOSING OF AN UNEARNED PREMIUM IS REJECTED	UP CLOSING APPROVAL		✓	
CLAIM	• WHEN A CLAIM STATUS IS CHANGED TO "CLOSE"	CLAIM STATUS CHANGED	✓		
UNEARNED PREMIUM	• WHEN AN UNEARNED PREMIUM STATUS IS CHANGED TO "CLOSE"	UP STATUS CHANGED		✓	
LOI	• WHEN A LOI IS MODIFIED	LOI MODIFIED			✓
LOI	• WHEN A LOI IS DELETED	LOI DELETED			✓
NOTES	• WHEN A CLAIM NOTE IS SENT TO A REVIEWER	CLAIM NOTE	✓		
NOTES	• WHEN A CLAIMANT NOTE IS SENT TO A REVIEWER	CLAIMANT NOTE	✓		
NOTES	• WHEN AN UNEARNED PREMIUM NOTE IS SENT TO A REVIEWER	UP NOTE		✓	
RESERVE	• WHEN A RESERVE IS ADJUSTED FOR A CLAIMANT	CLAIM RESERVE	✓		
RESERVE	• WHEN A RESERVE IS ADJUSTED FOR A UNEARNED PREMIUM POLICY	UP RESERVE		✓	
TAXPAYER	• WHEN A NEW TAXPAYER IS ADDED	NEW TAXPAYER			✓
TAXPAYER	• WHEN A TAXPAYER IS MODIFIED	MODIFY TAXPAYER			✓
CLAIMANT	• WHEN THE USER ENTERS OR ADJUSTS A RESERVE ABOVE A USER'S PRESET RESERVE AGGREGATE OR INCREMENT LIMIT, THEN A DIARY IS SENT TO A CLAIM MANAGER FOR APPROVAL	CLAIMANT RESERVE ABOVE LIMIT	✓		

FIG. 25

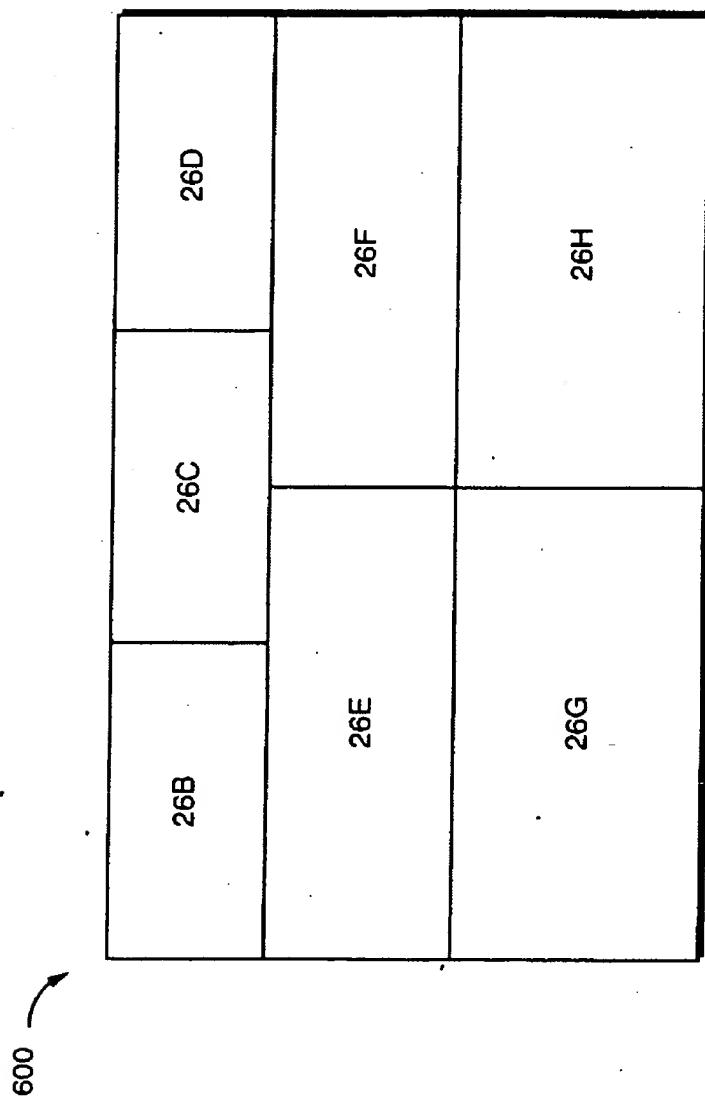


FIG. 26A

Replacement Sheet

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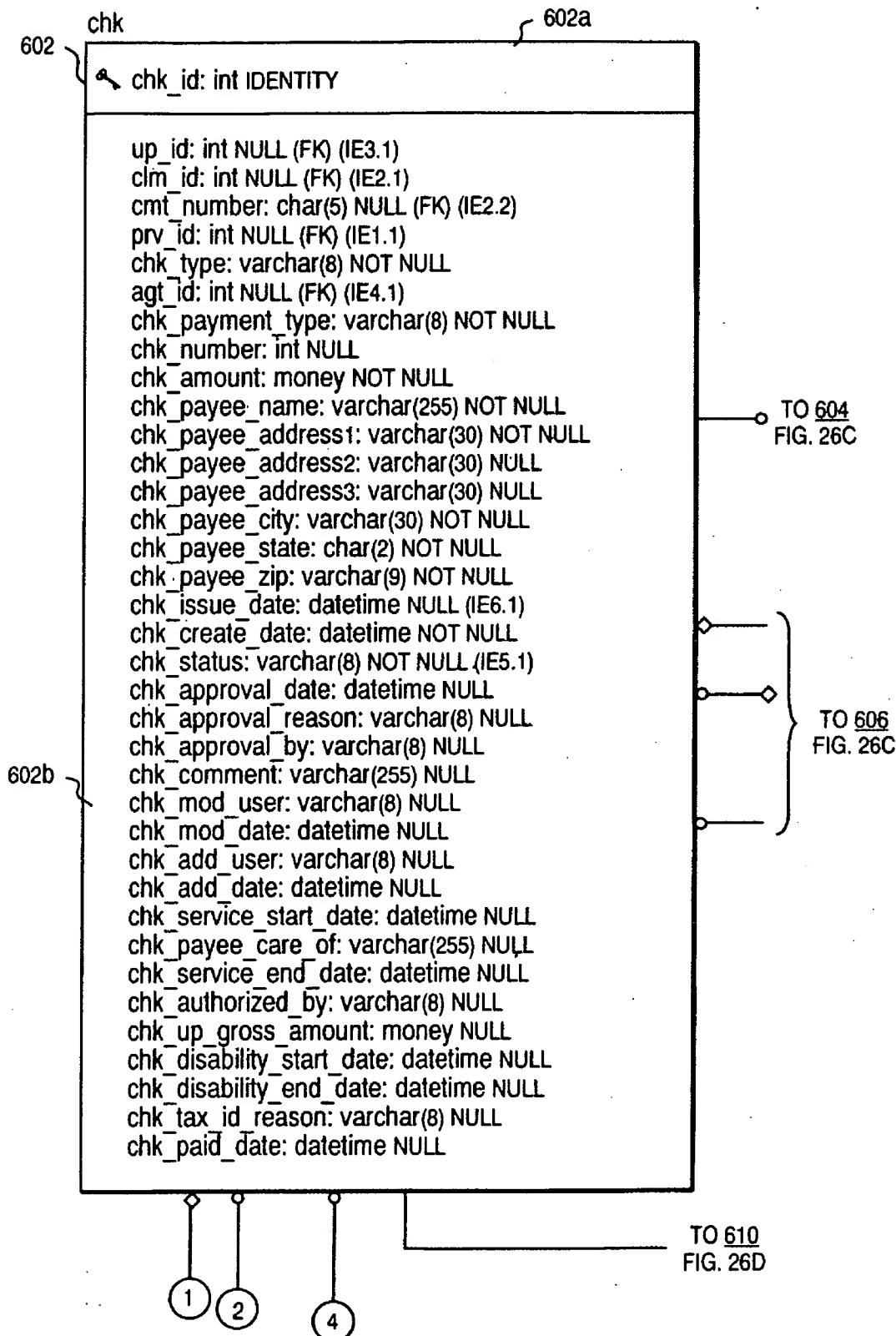


FIG. 26B

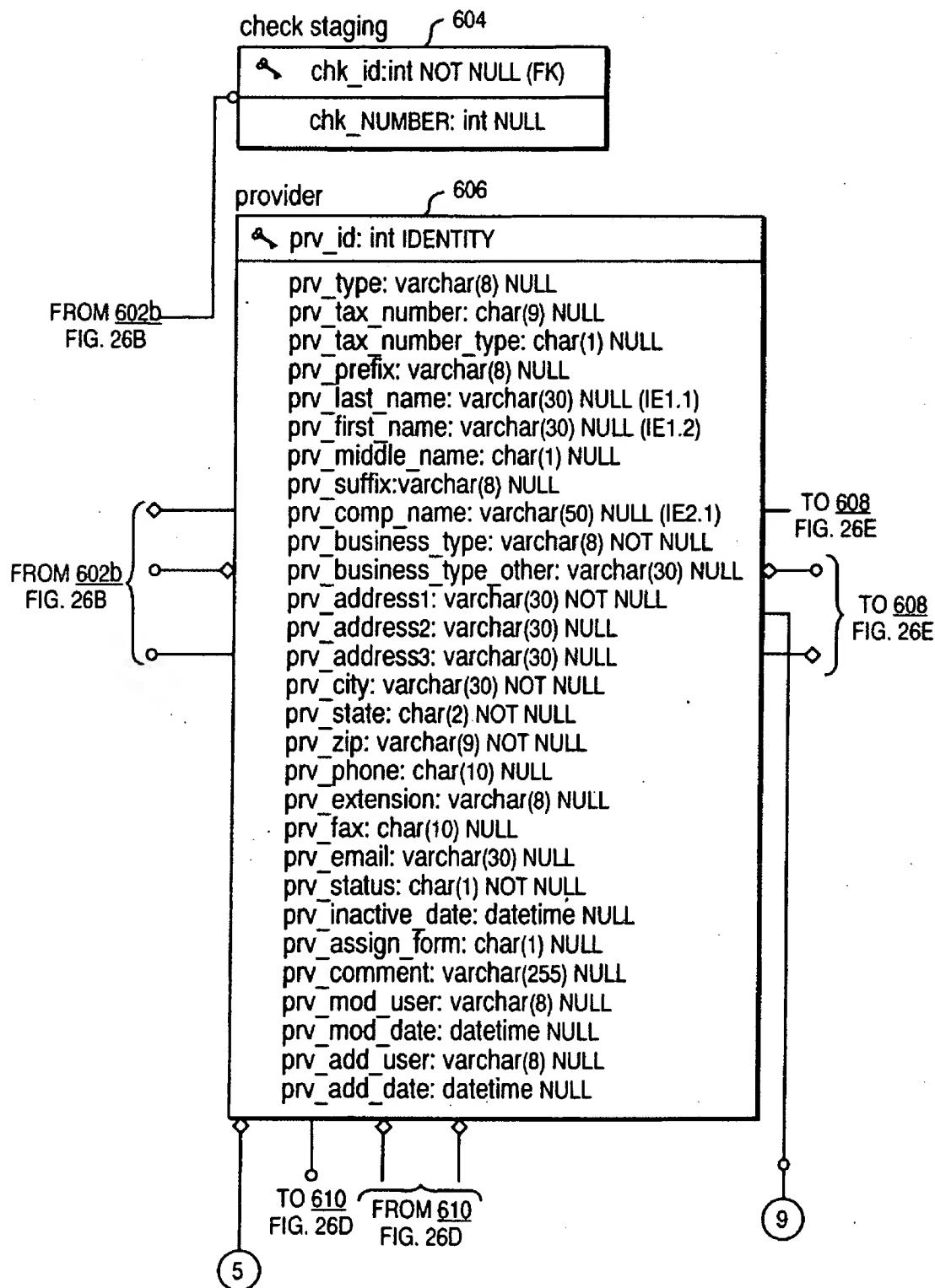


FIG. 26C

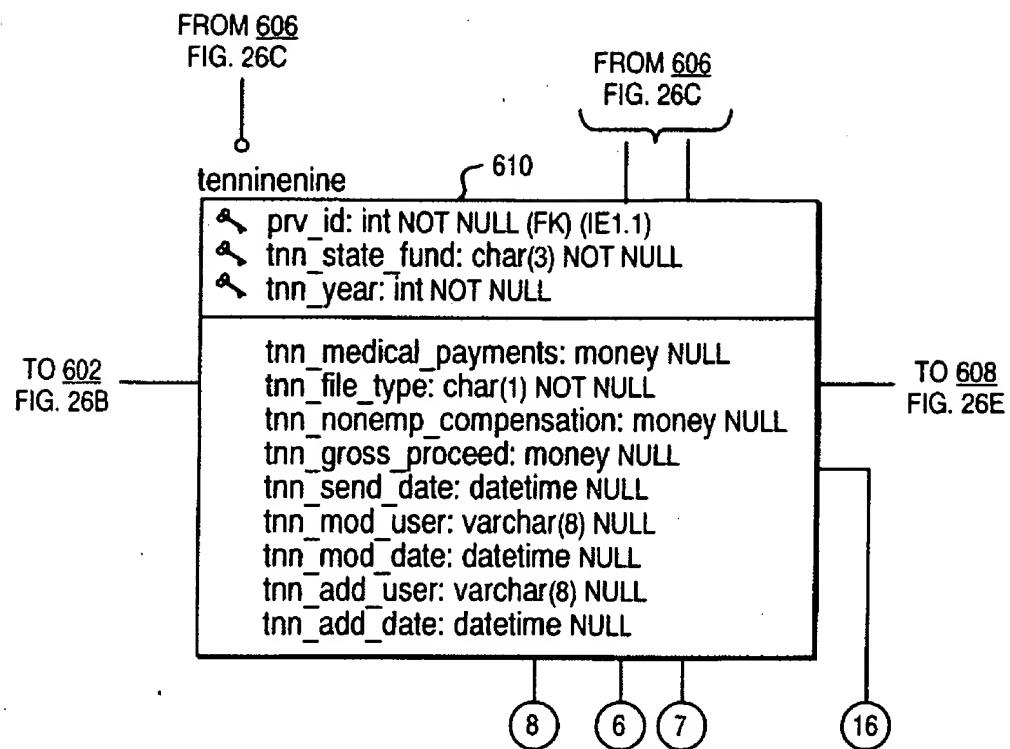
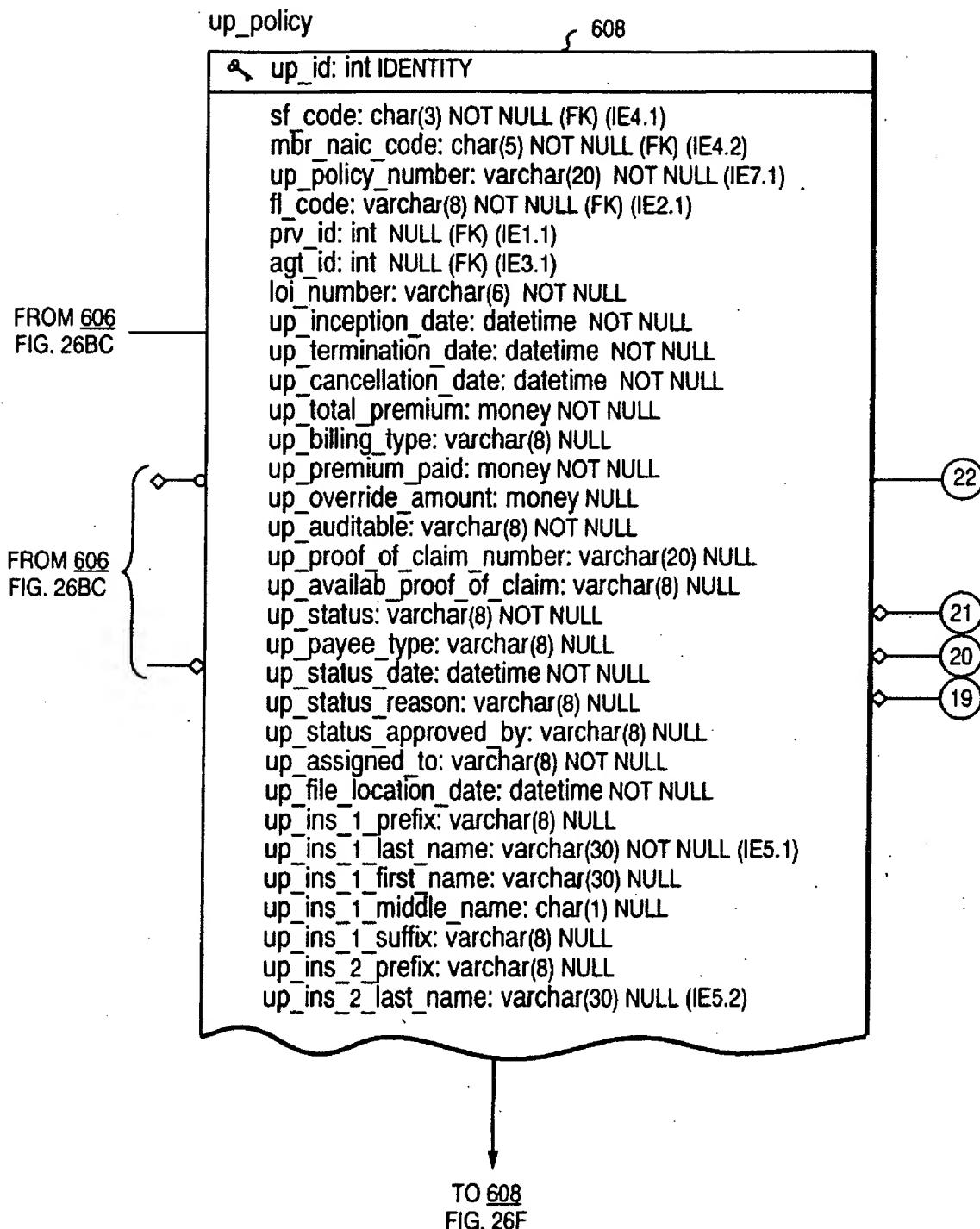


FIG. 26D



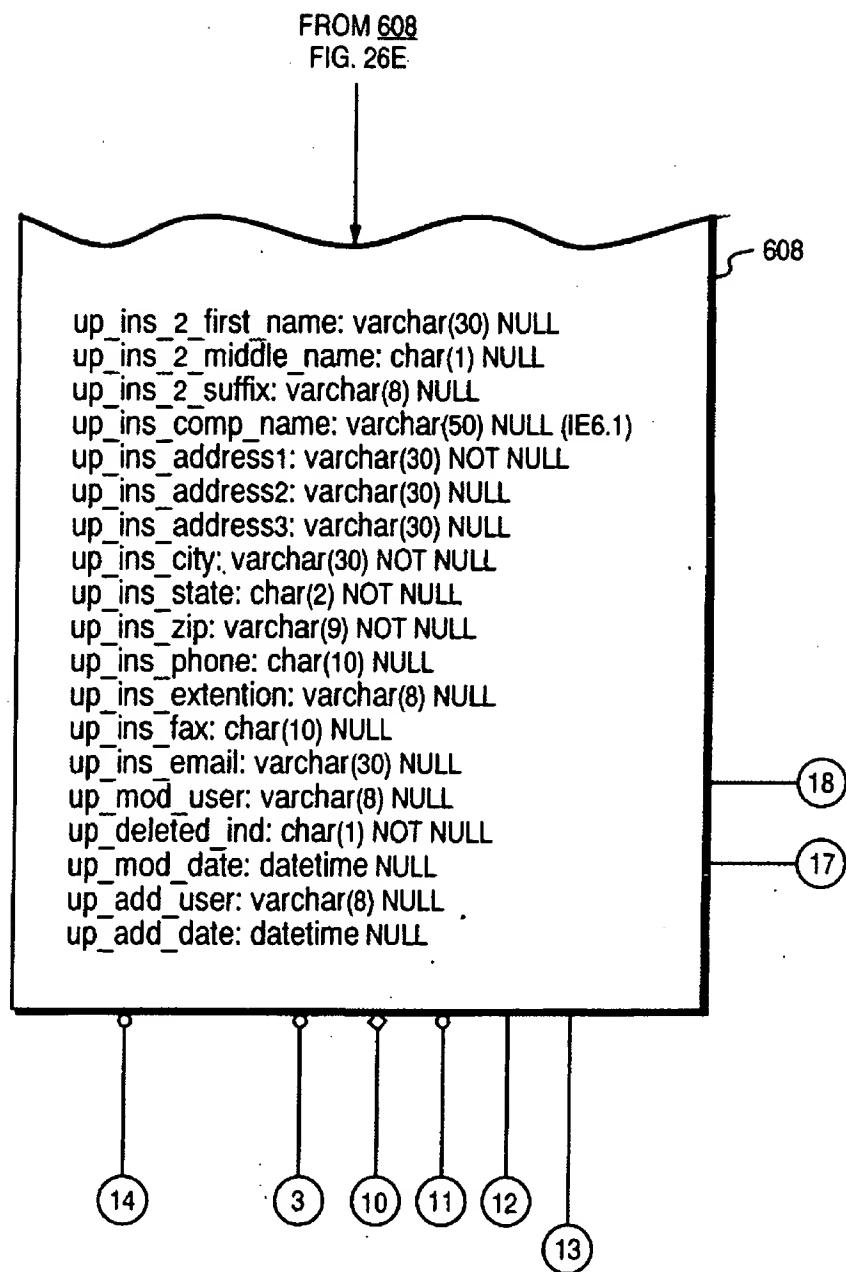


FIG. 26F

Replacement Sheet

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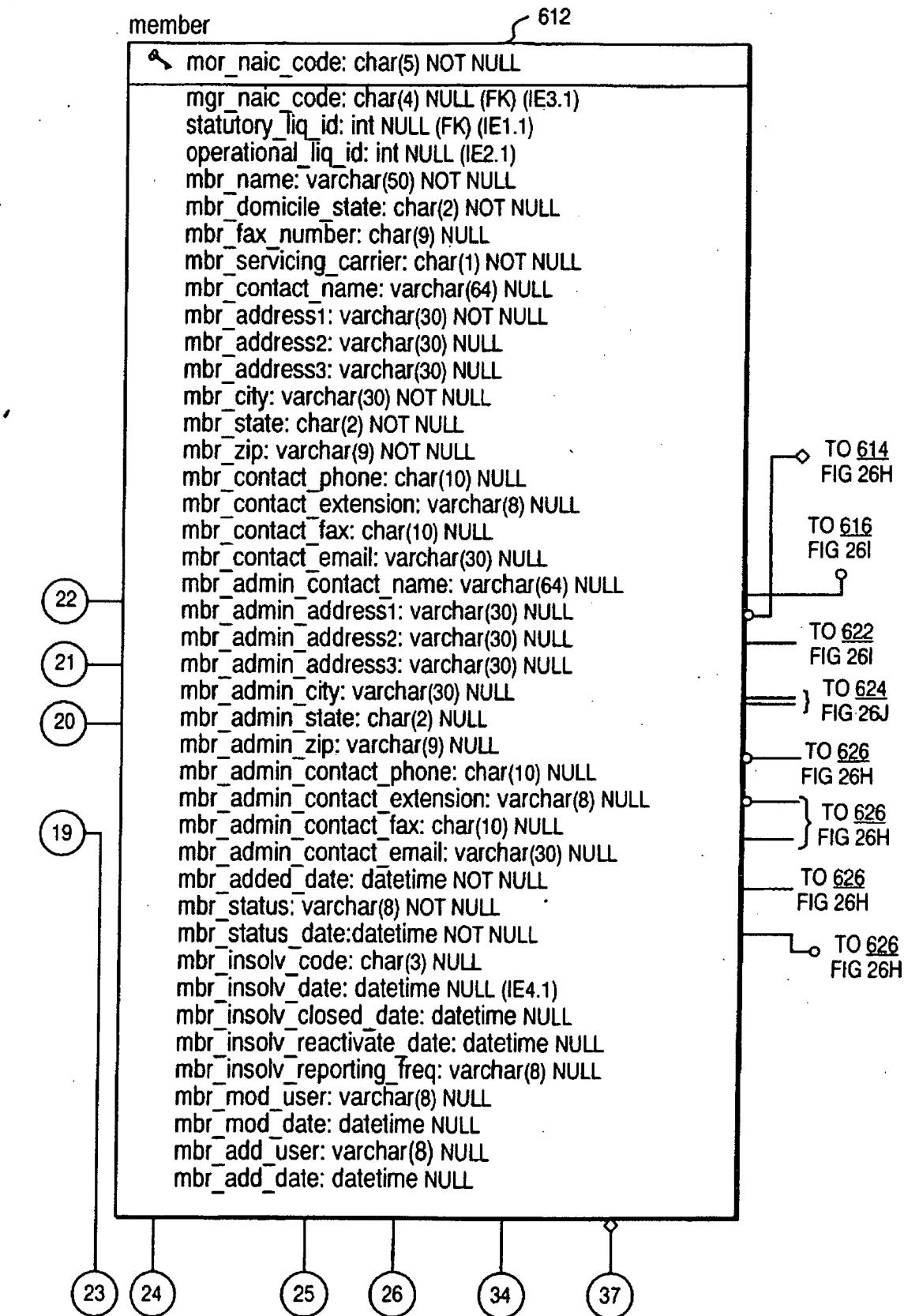
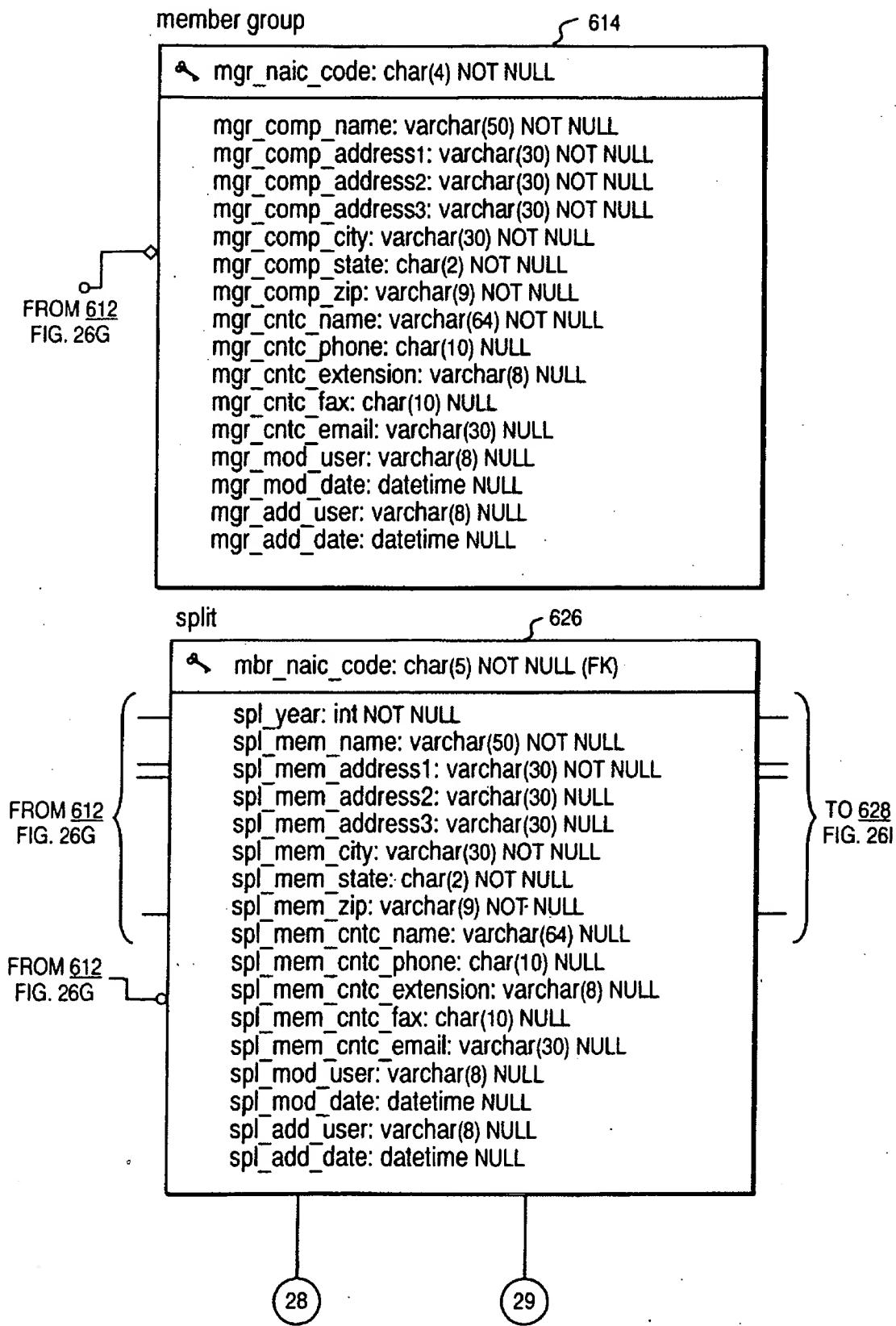
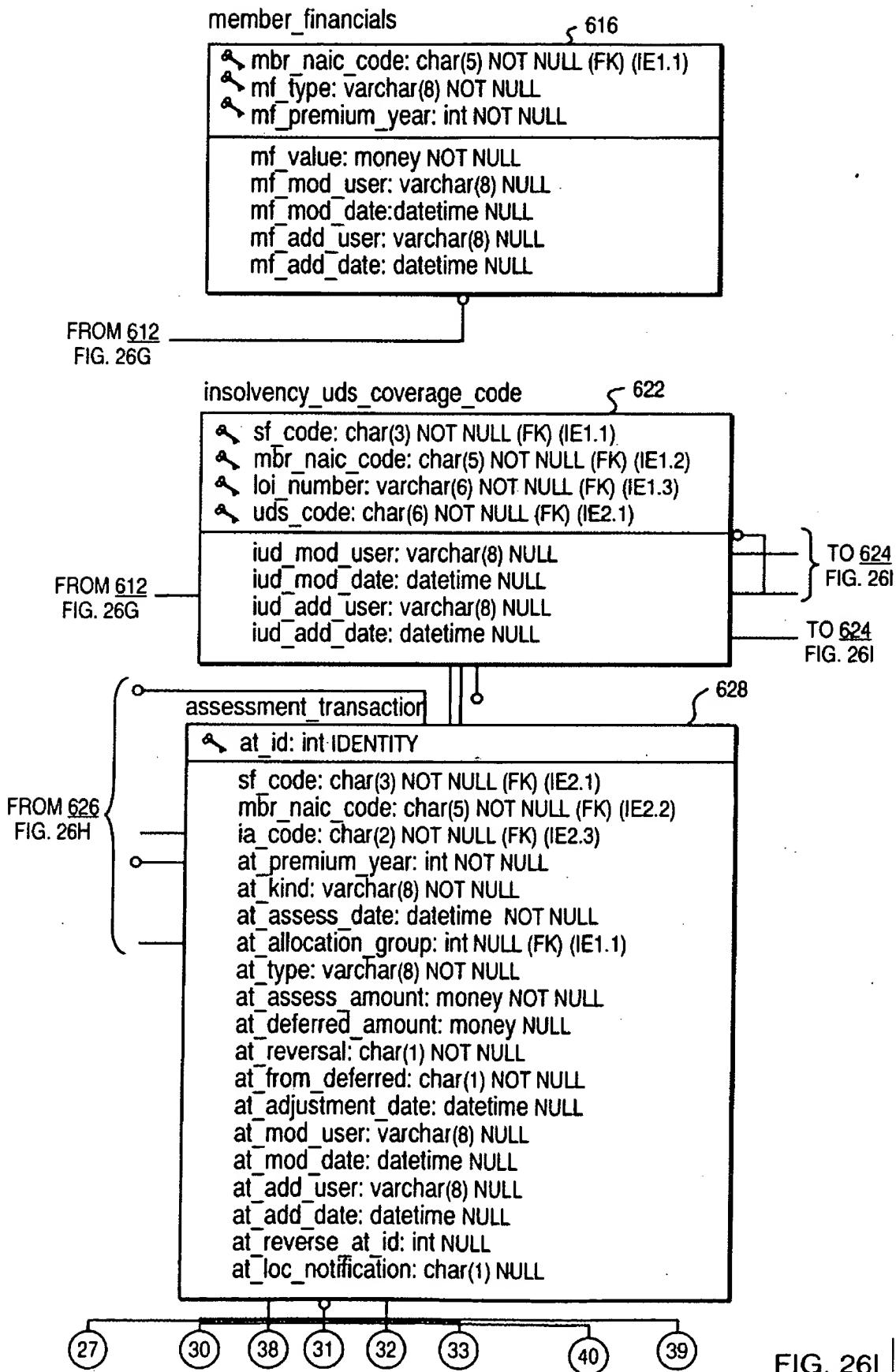
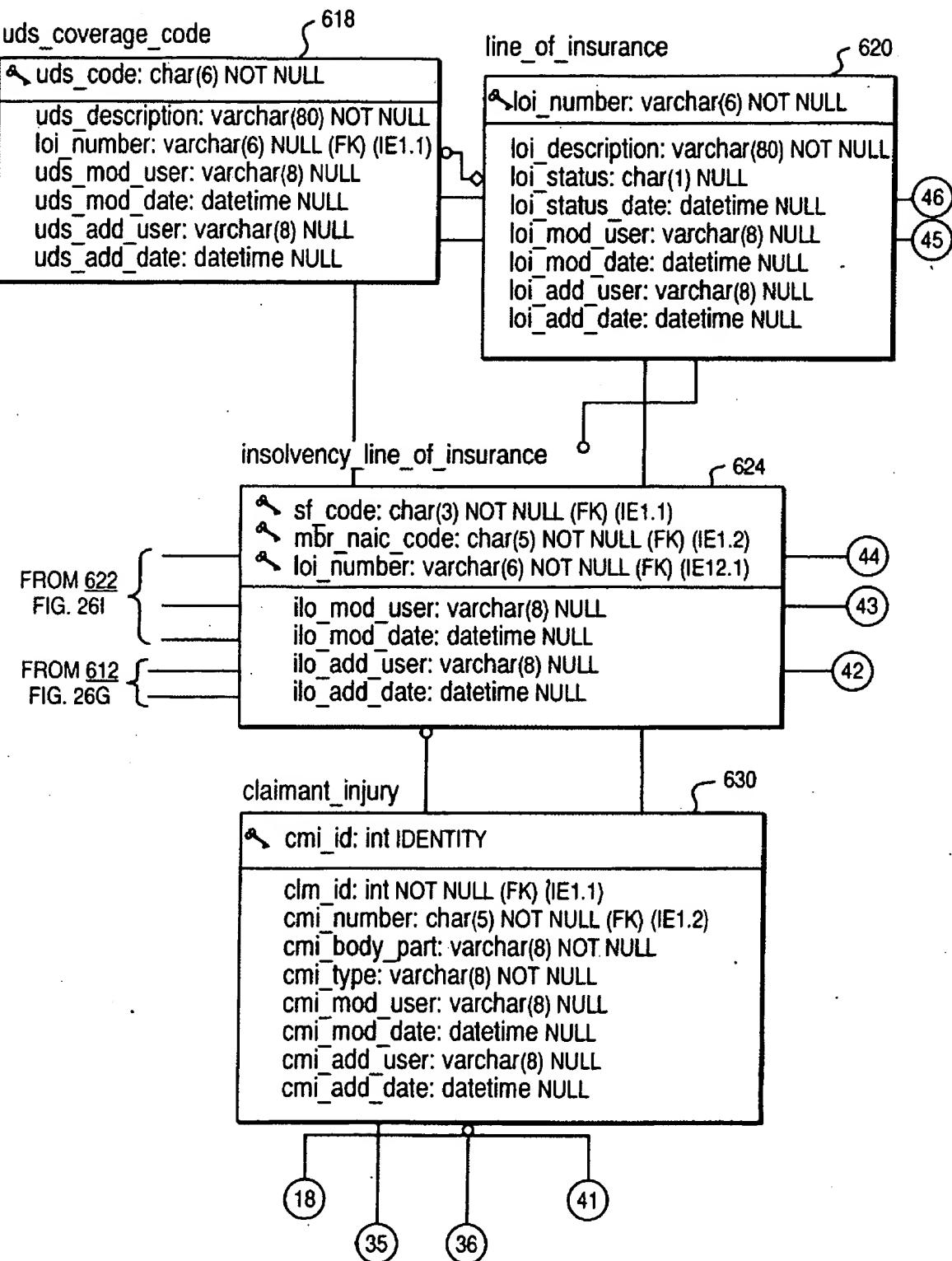


FIG. 26G







Replacement Sheet

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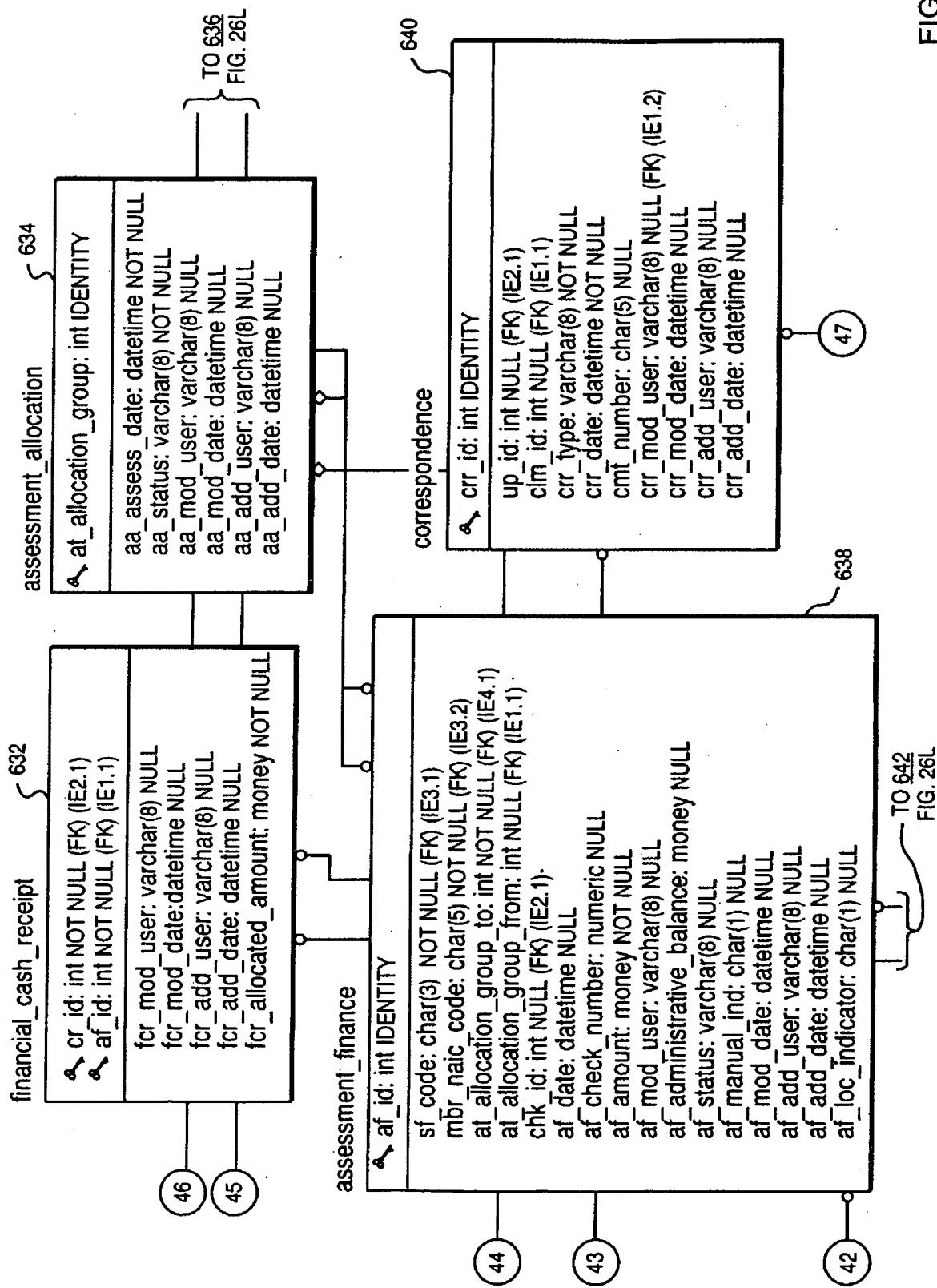
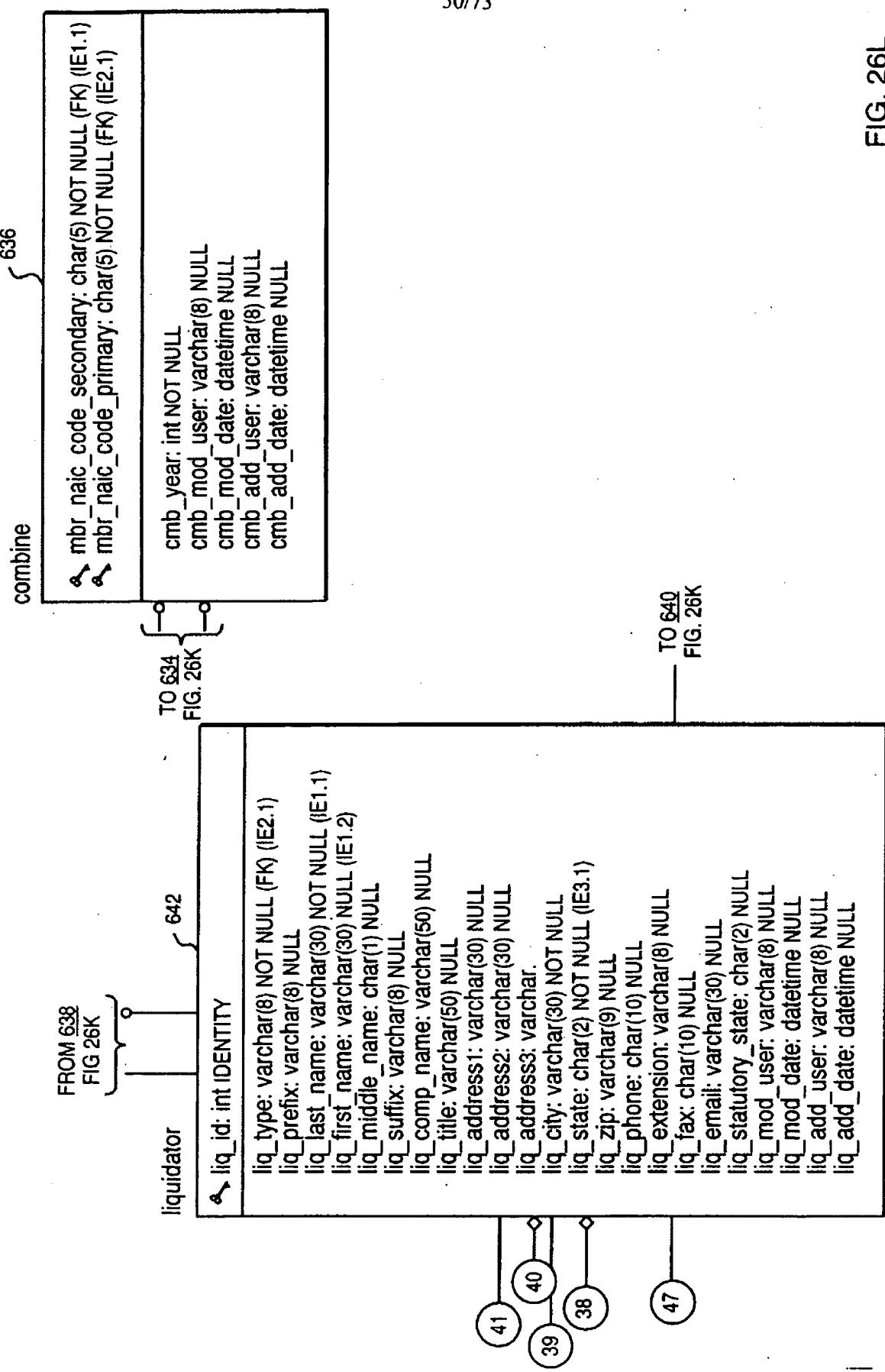


FIG. 26K



Replacement Sheet

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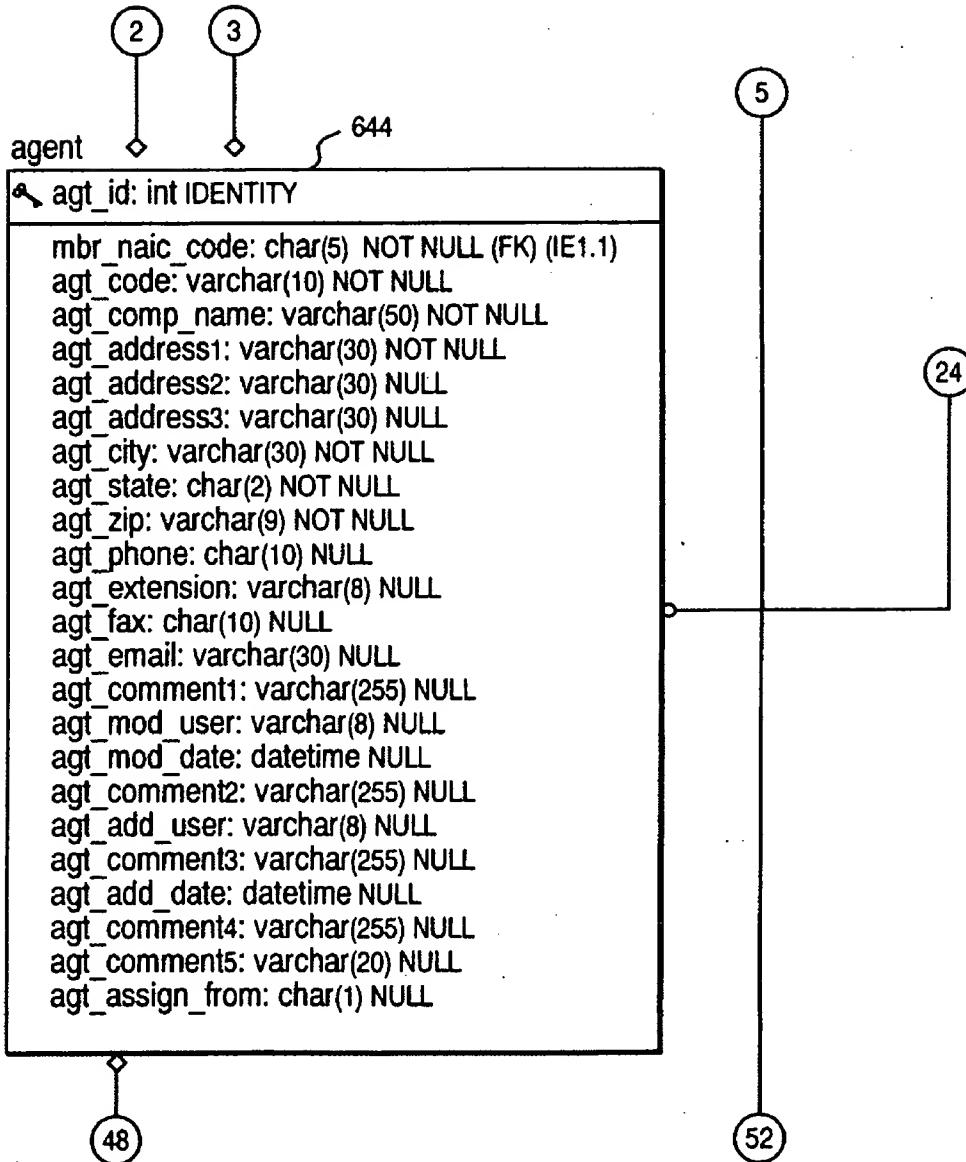


FIG. 26M

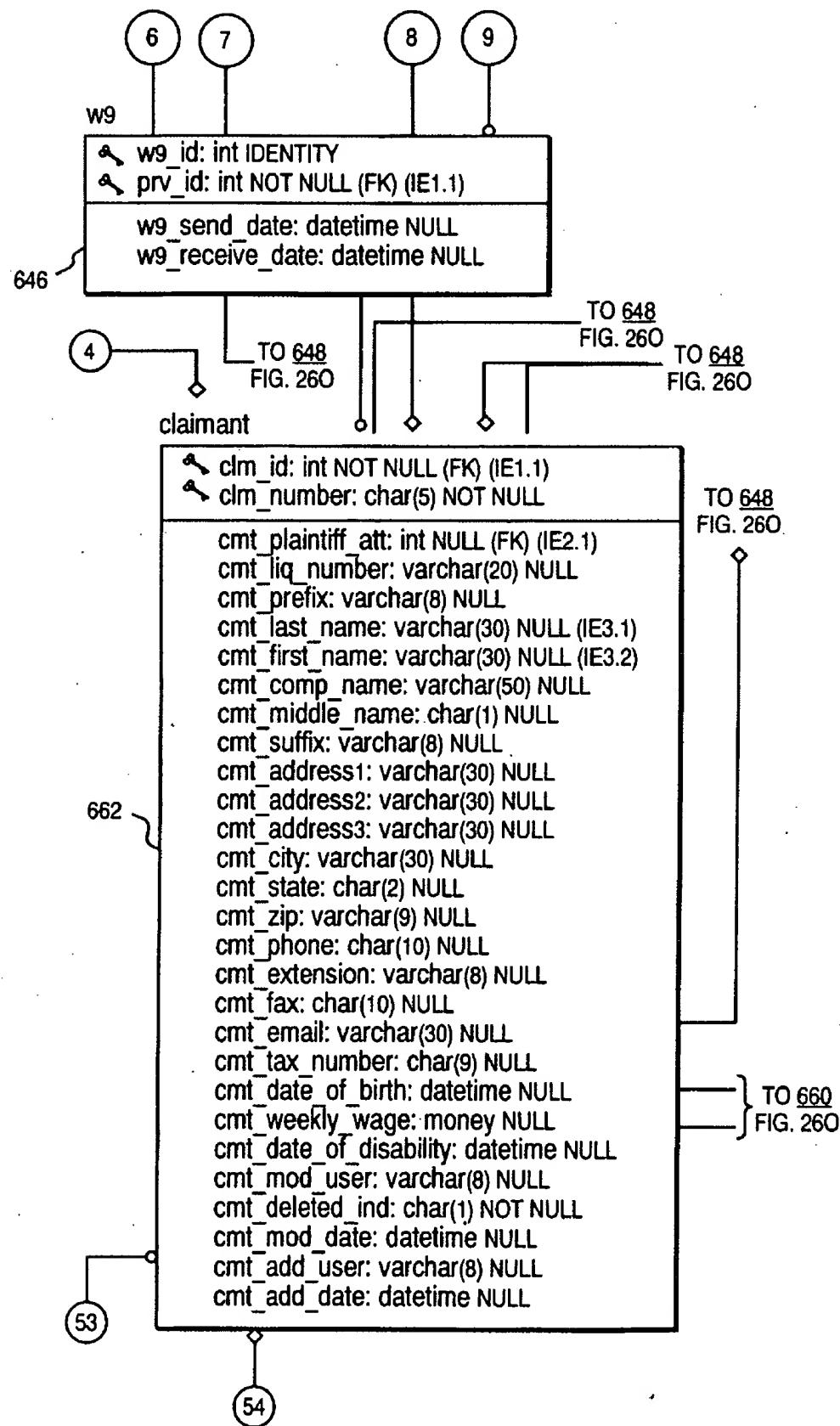


FIG. 26N

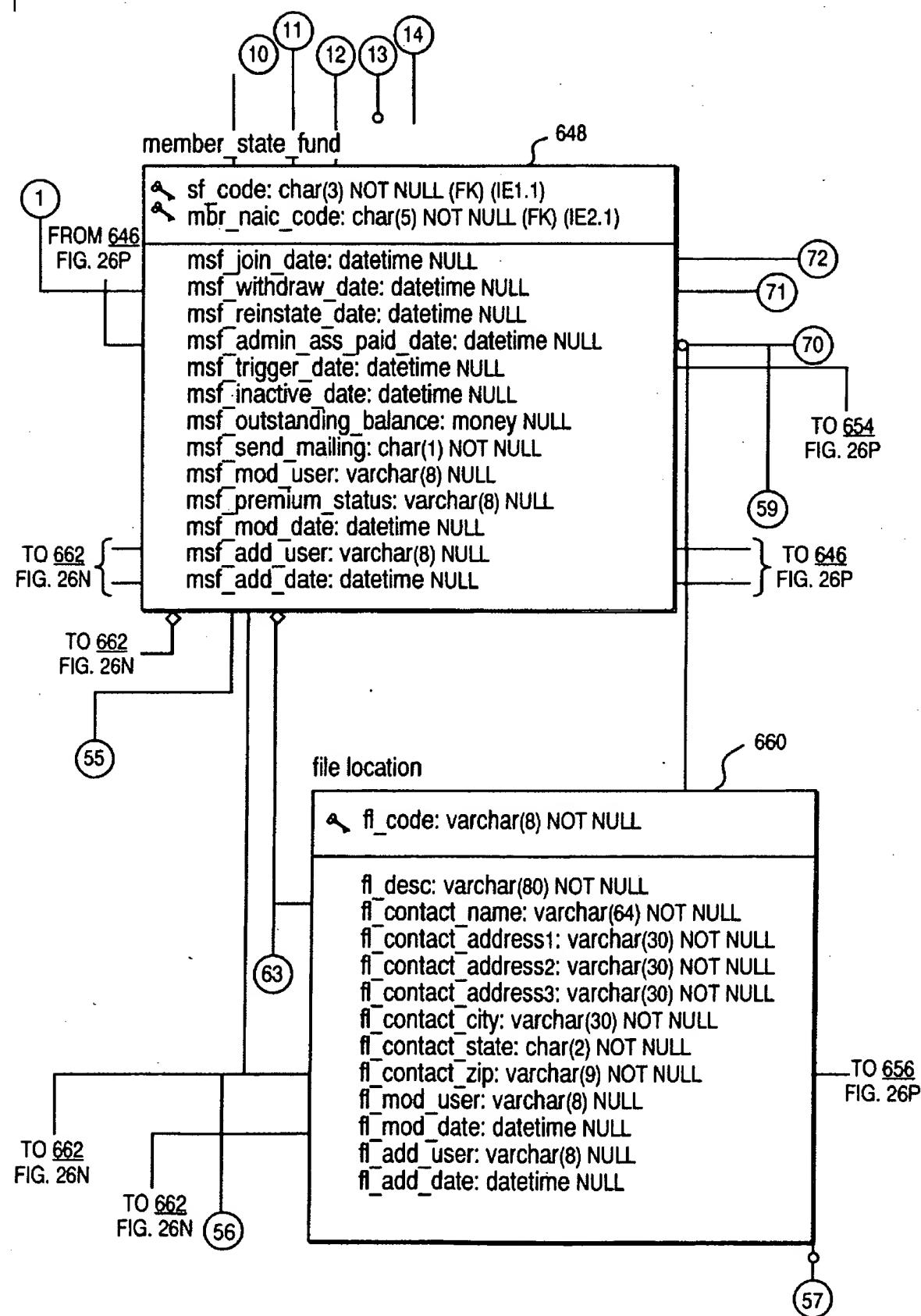


FIG. 26O

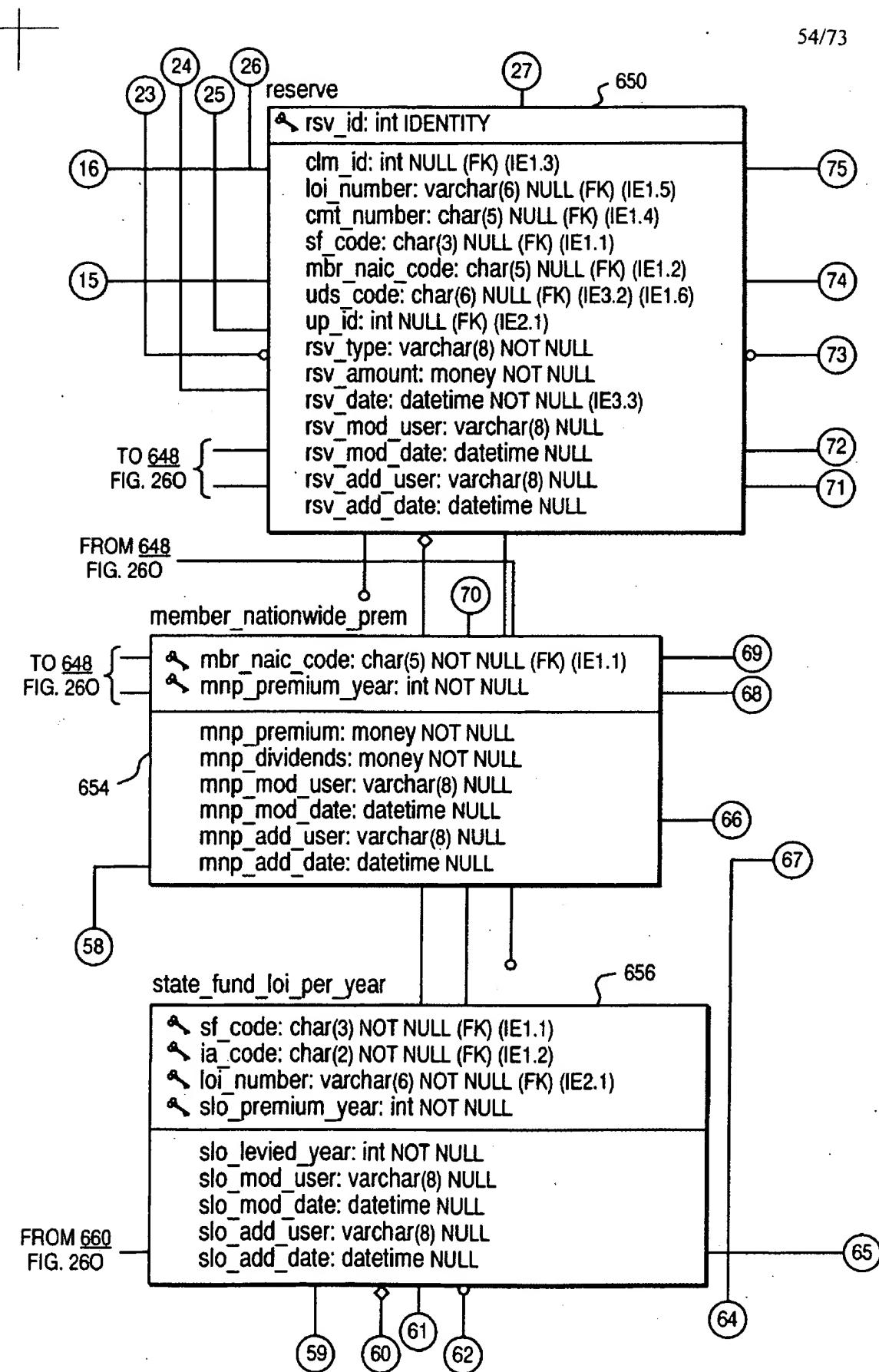


FIG. 26P

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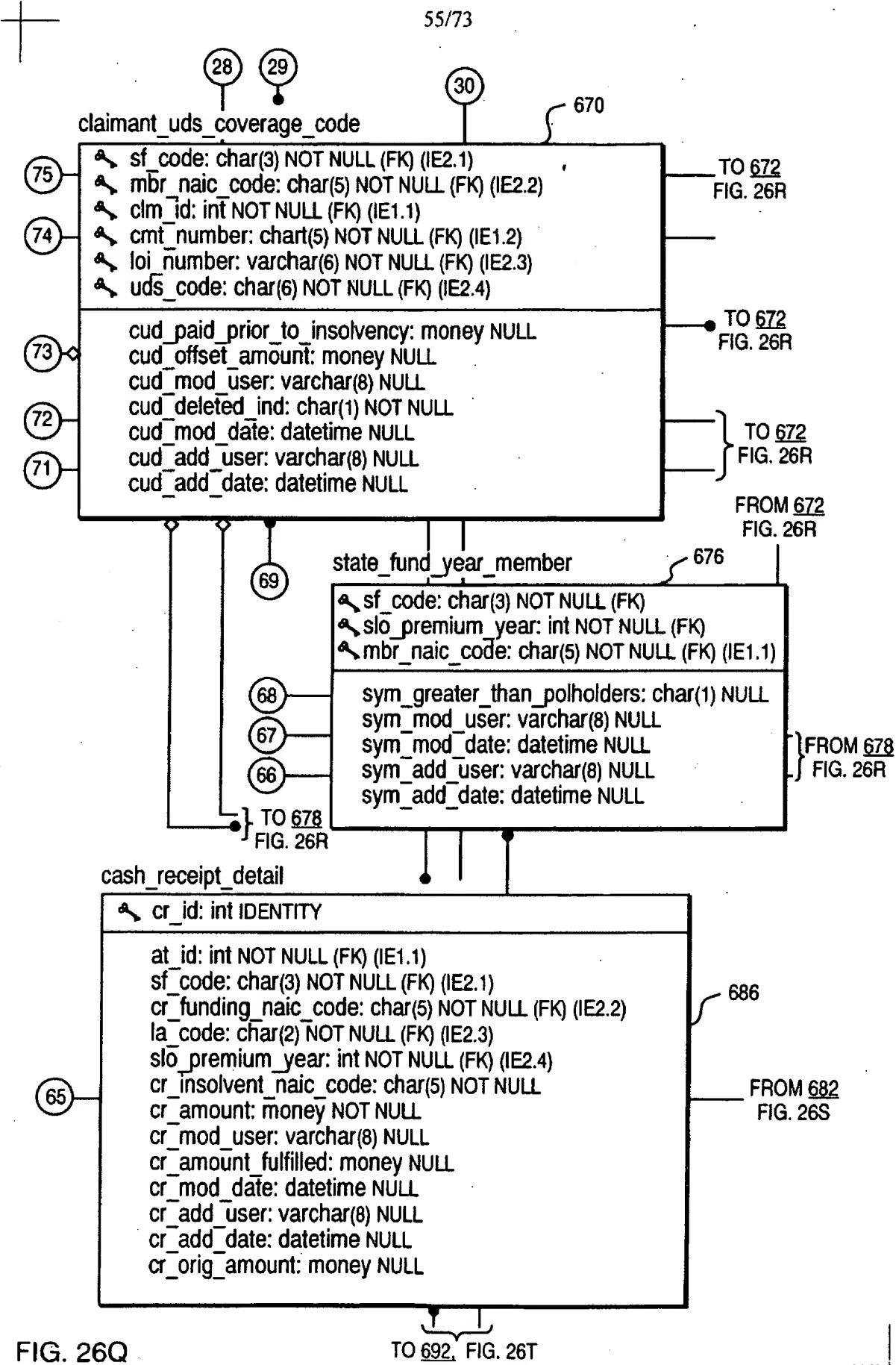


FIG. 26Q

TO 692 FIG. 26T

Replacement Sheet

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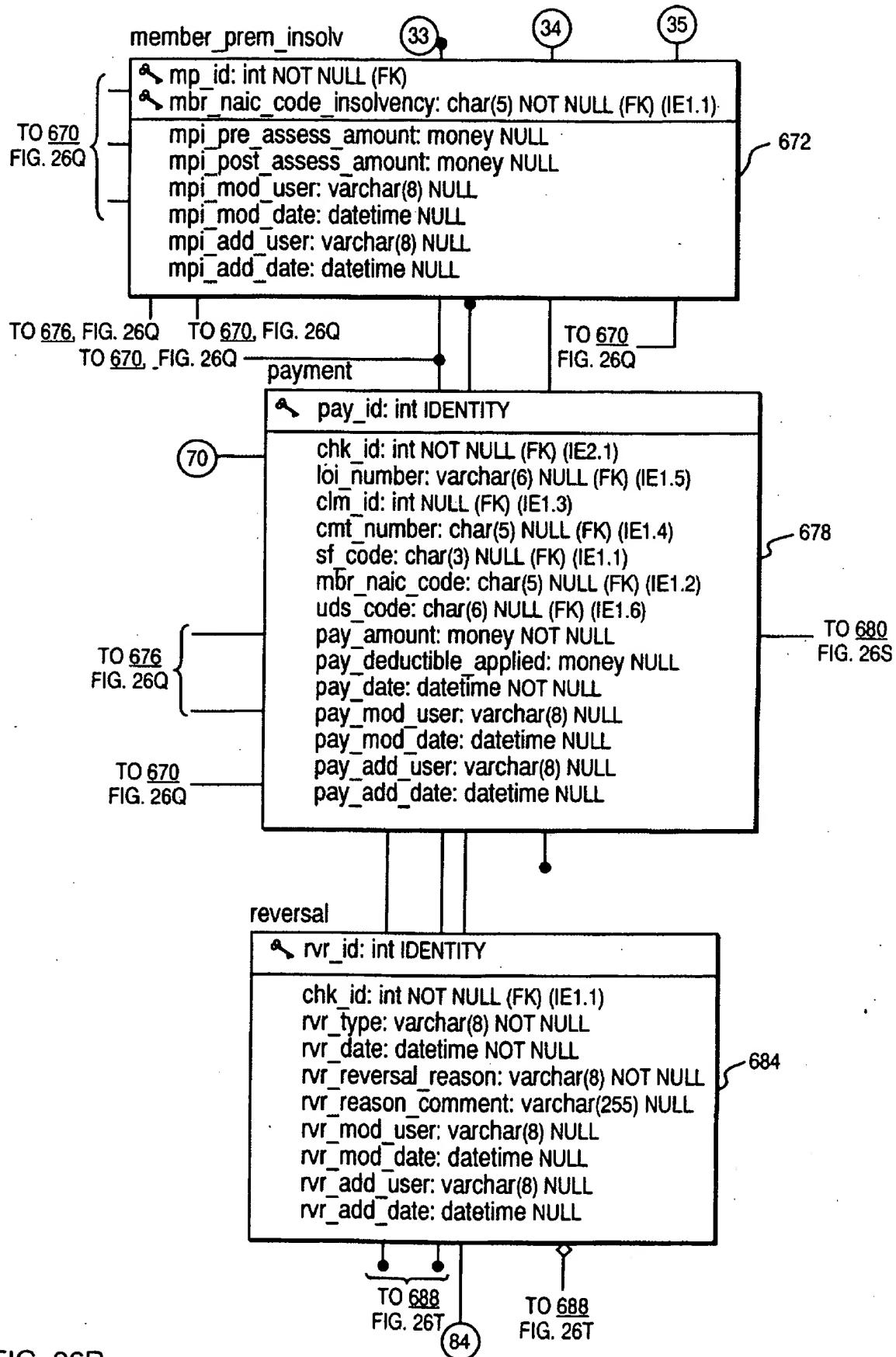


FIG. 26R

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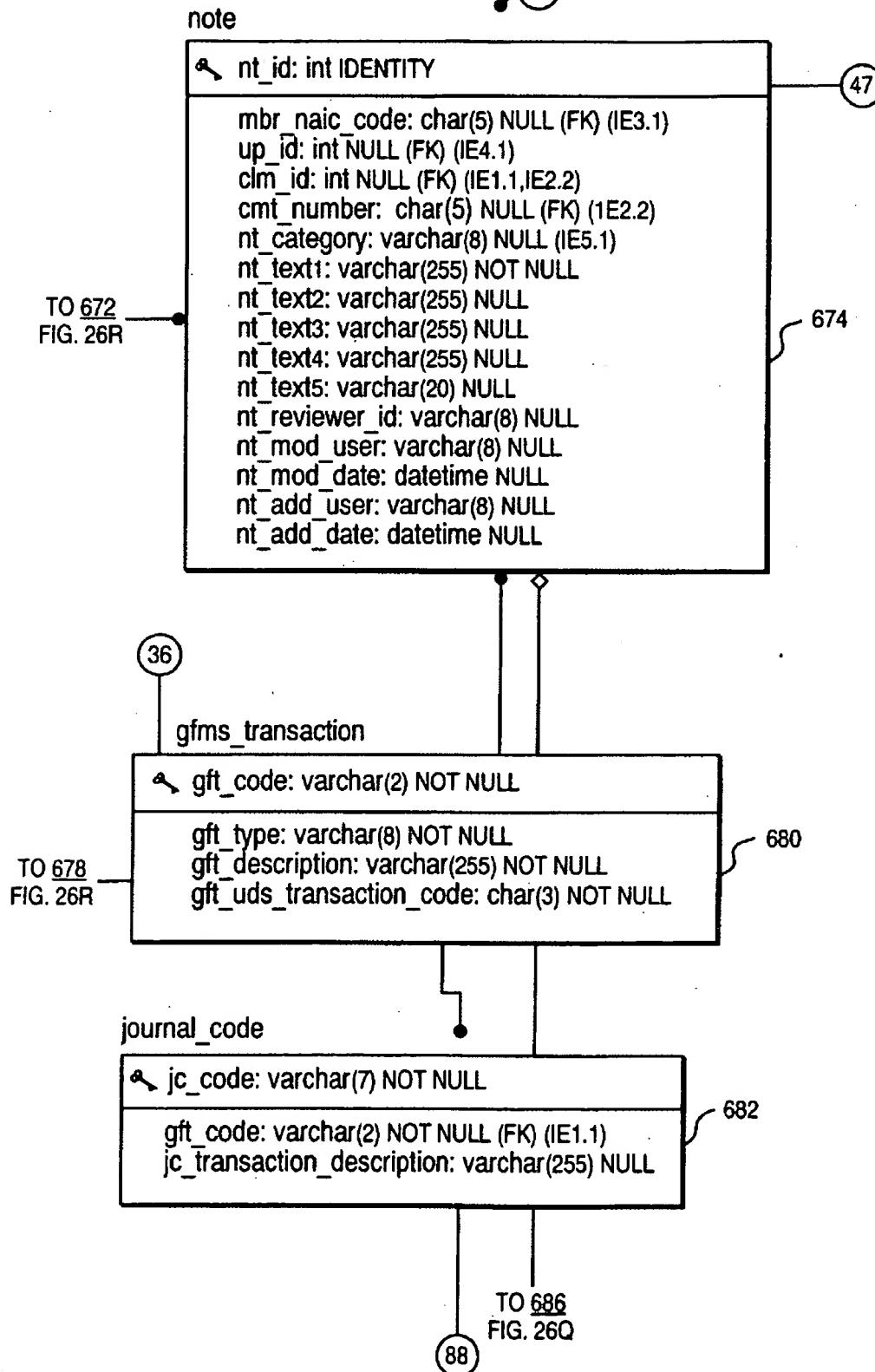


FIG. 26S

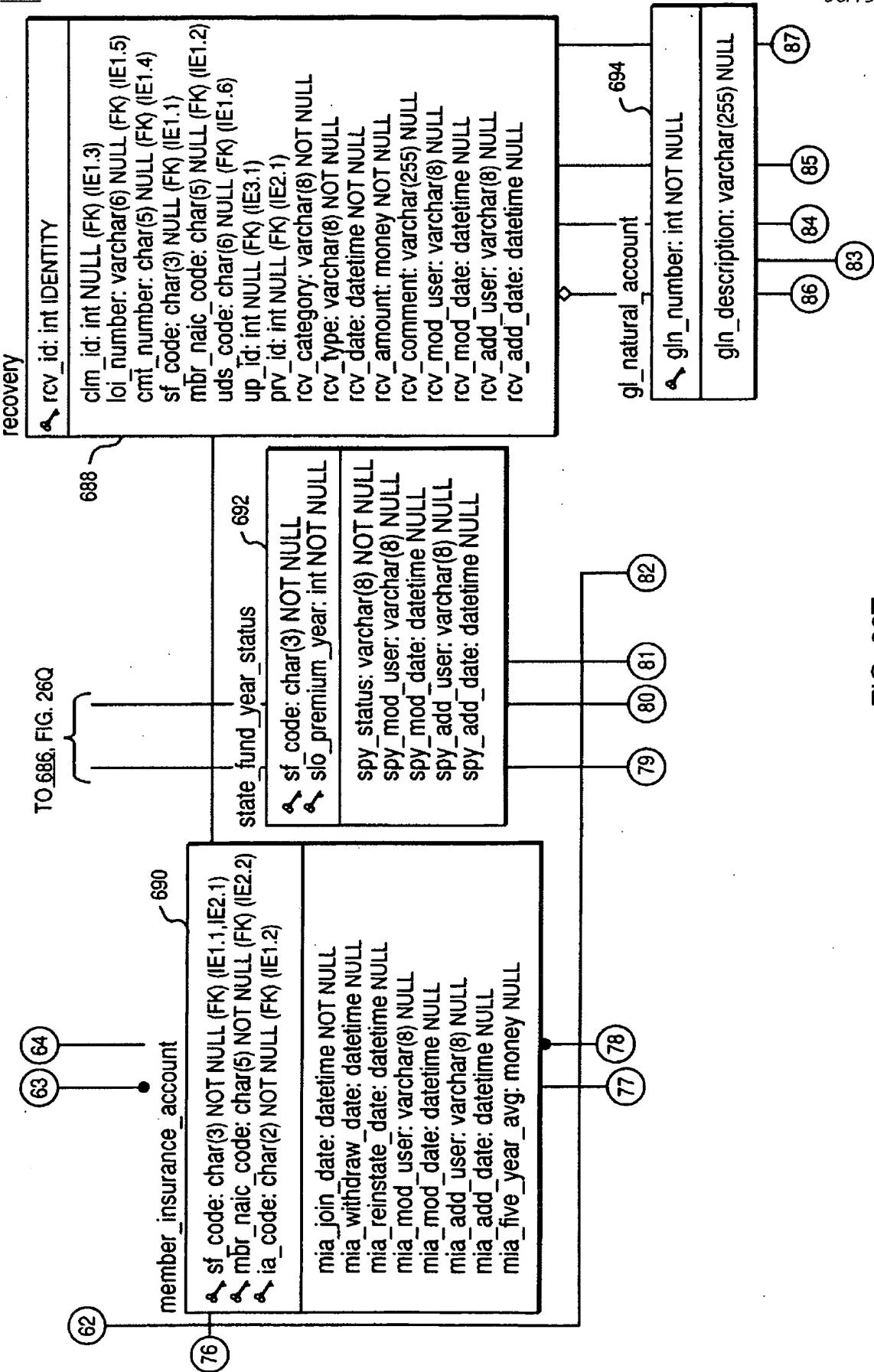
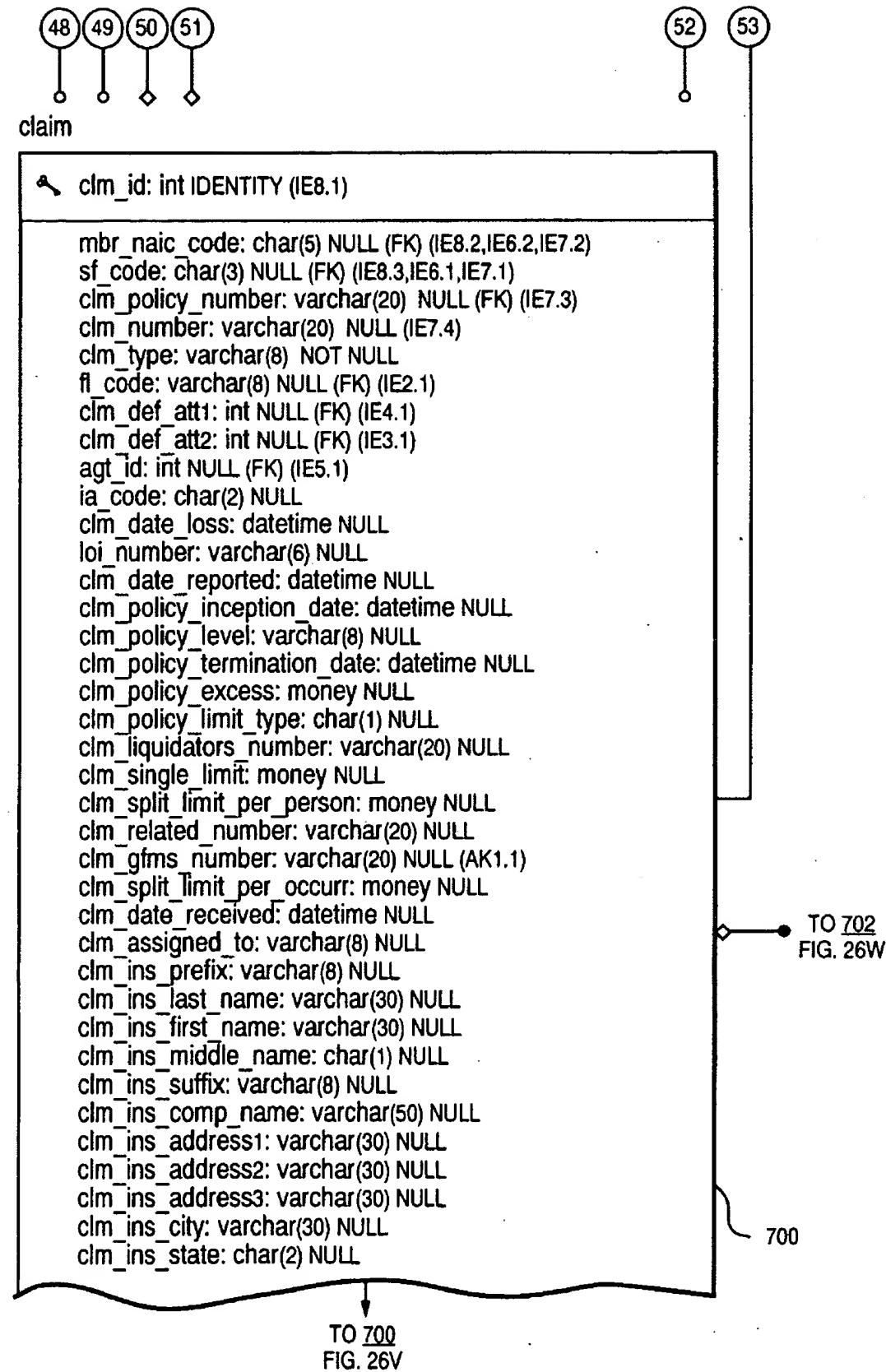


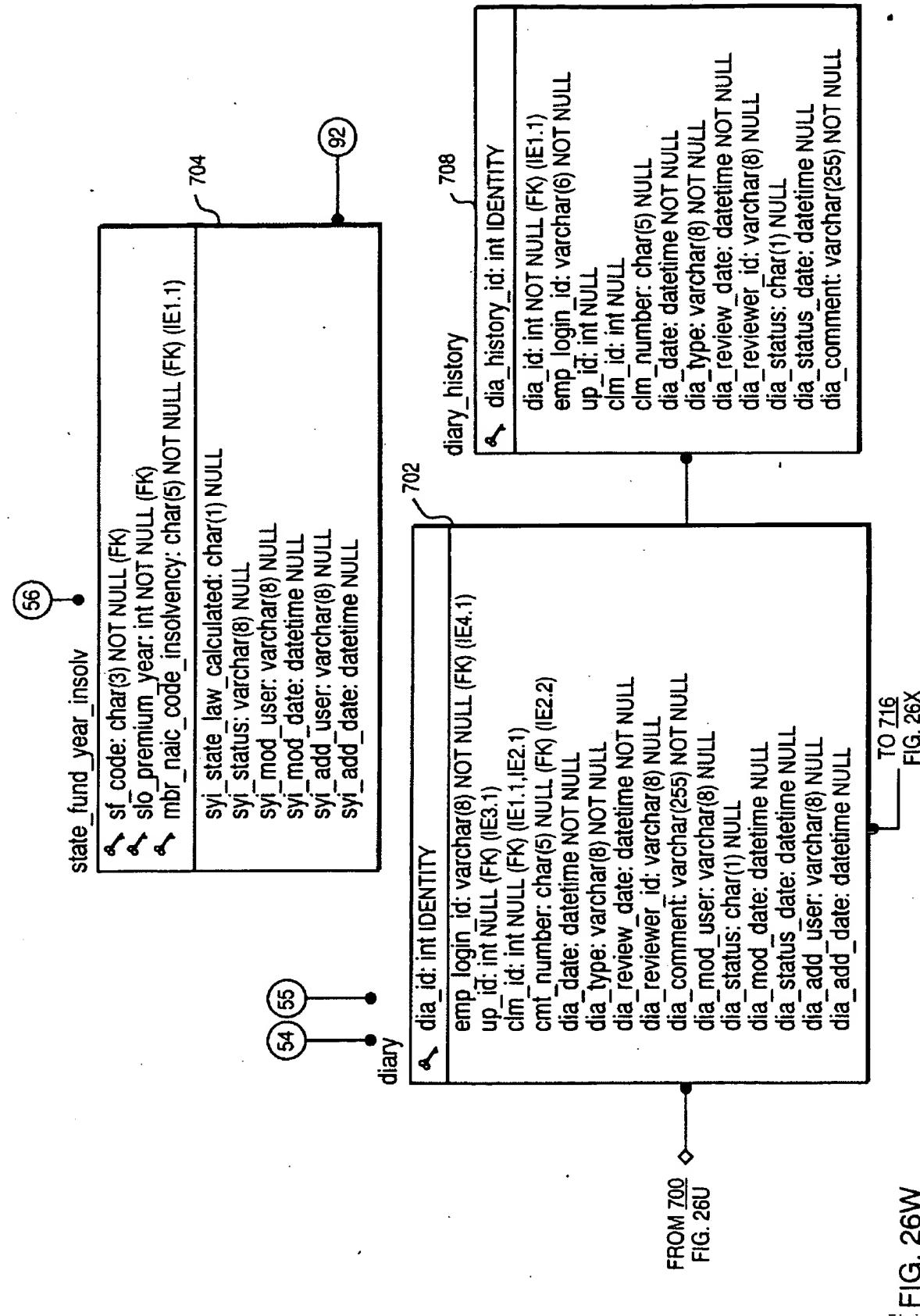
FIG. 26T



FROM 700
FIG. 26U

```
clm_ins_zip: varchar(9) NULL
clm_ins_phone: char(10) NULL
clm_ins_extension: varchar(8) NULL
clm_ins_fax: char(10) NULL
clm_ins_email: varchar(30) NULL
clm_status: varchar(8) NULL
clm_status_date: datetime NULL
clm_status_reason: varchar(8) NULL
clm_status_approved_by: varchar(8) NULL
clm_lookup_code_1: varchar(8) NULL
clm_lookup_code_2: varchar(8) NULL
clm_lookup_code_3: varchar(8) NULL
clm_lookup_code_4: varchar(8) NULL
clm_lookup_code_5: varchar(8) NULL
clm_read_note: char(1) NULL
clm_lien_indicator: char(1) NULL
clm_file_location_date: datetime NULL
clm_box_number: varchar(20) NULL
clm_blocked: char(1) NULL
clm_mod_user: varchar(8) NULL
clm_source: varchar(8) NULL
clm_mod_date: datetime NULL
clm_comp_name: varchar(50) NULL
clm_contact_last_name: varchar(30) NULL
clm_deleted_ind: char(1) NOT NULL
clm_add_user: varchar(8) NULL
clm_add_date: datetime NULL
cbn_contact_first_name: varchar(30) NULL
```

FIG. 26V



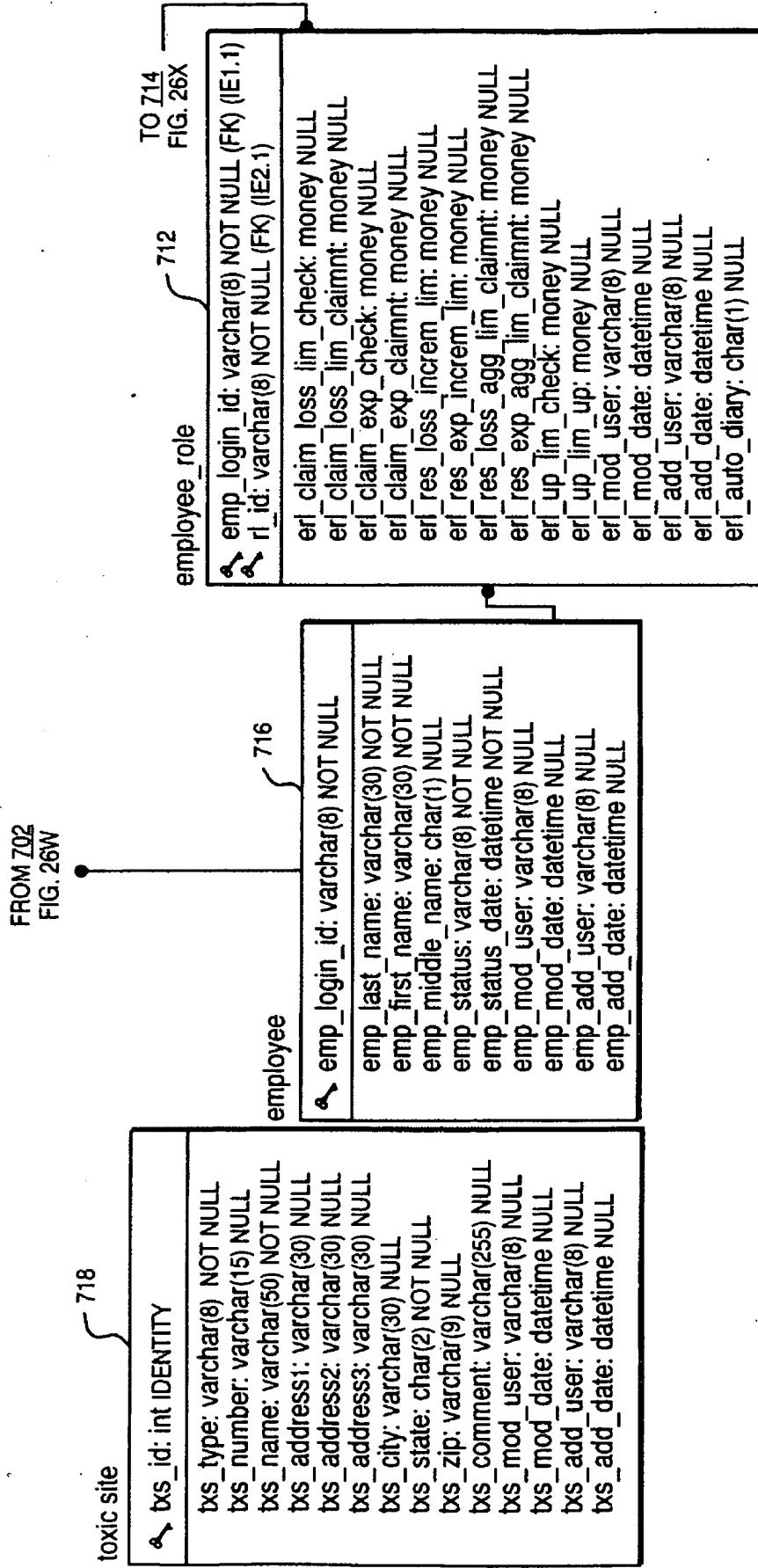


FIG. 26X

Replacement Sheet

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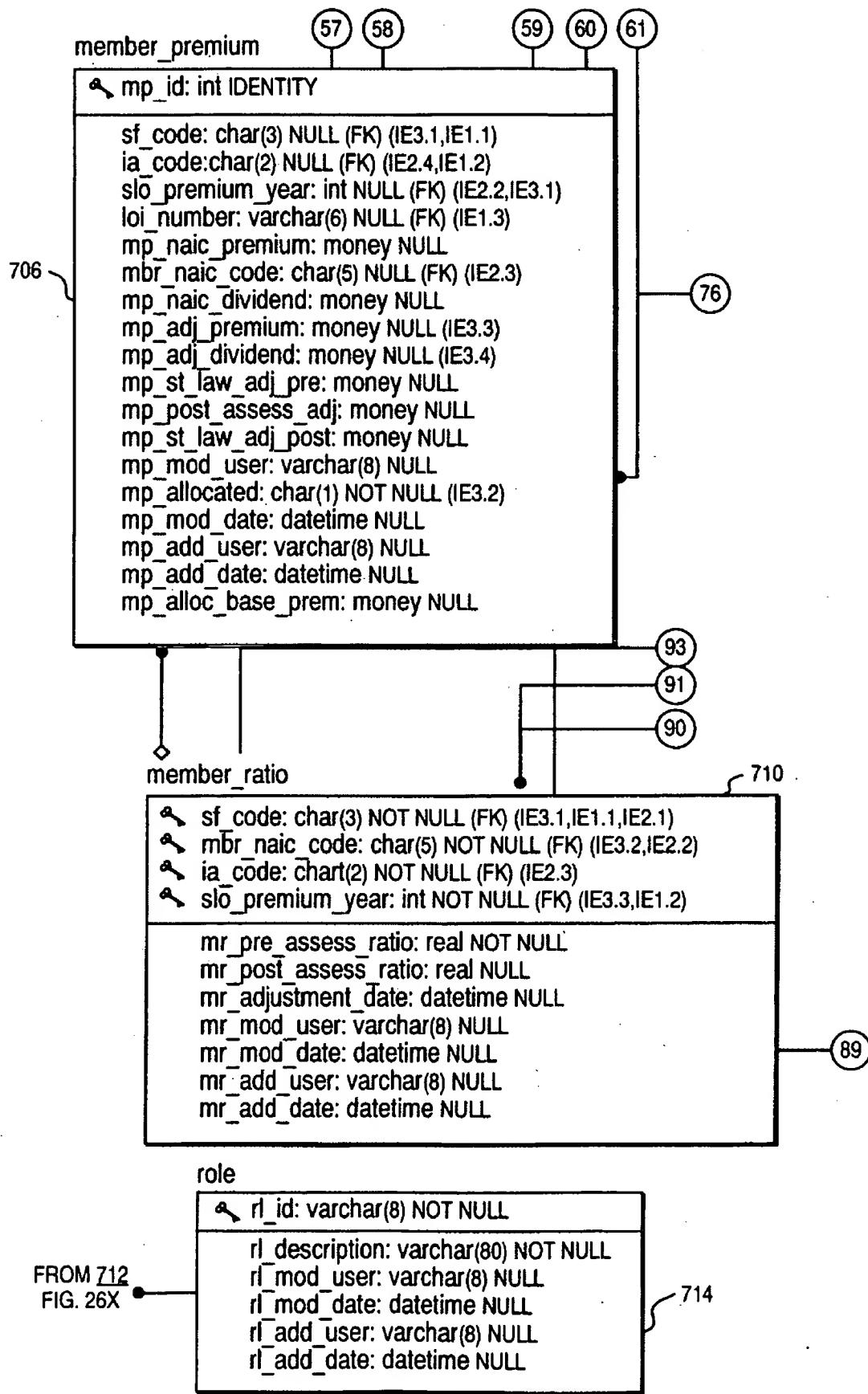
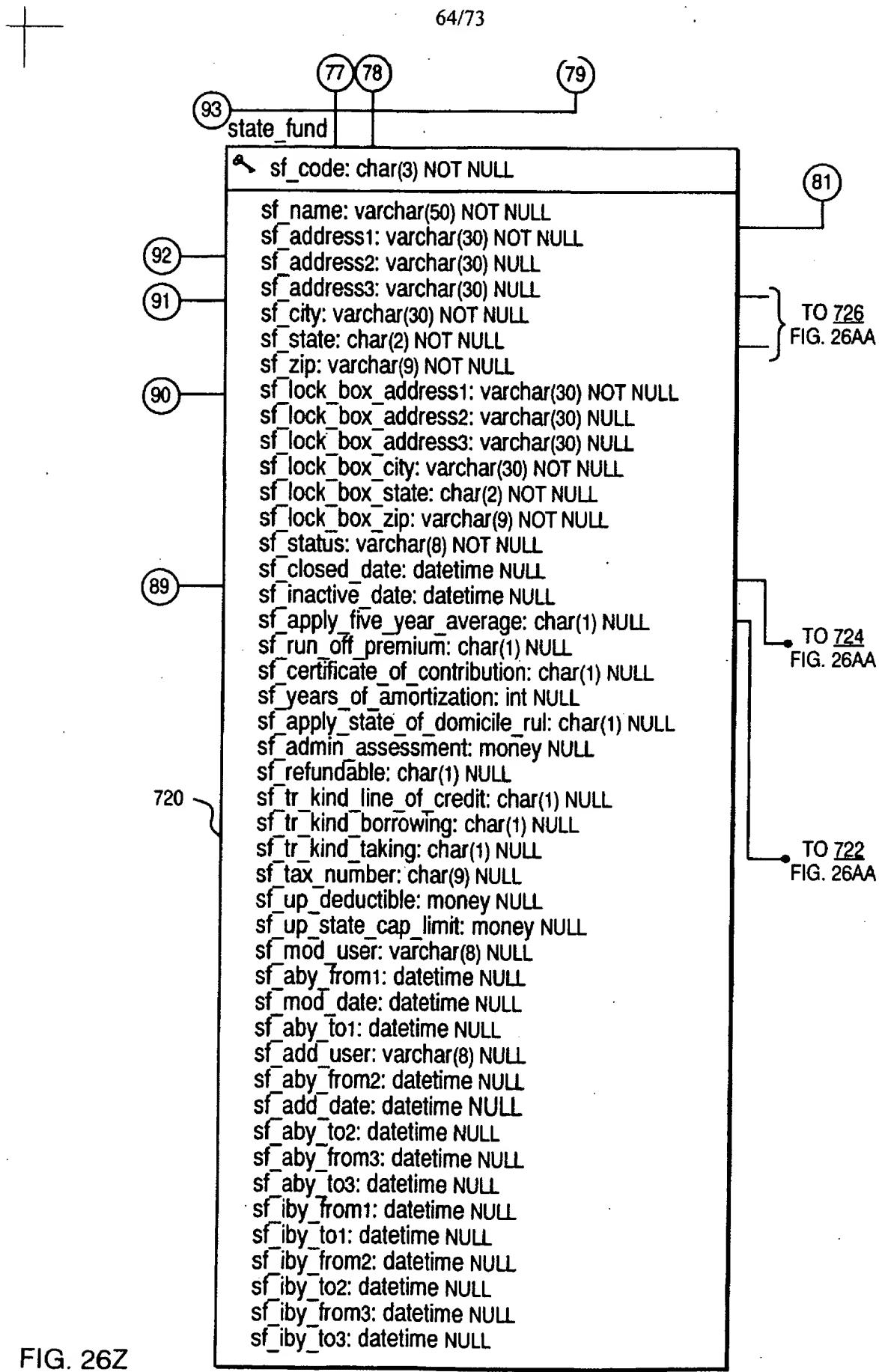
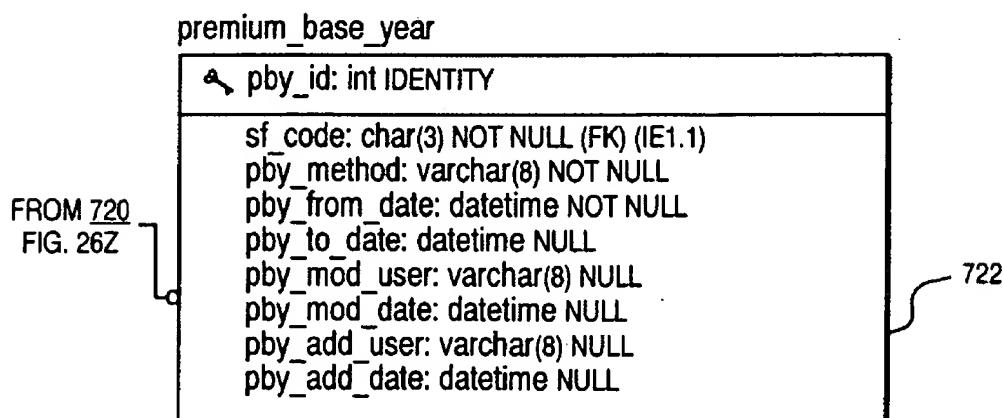
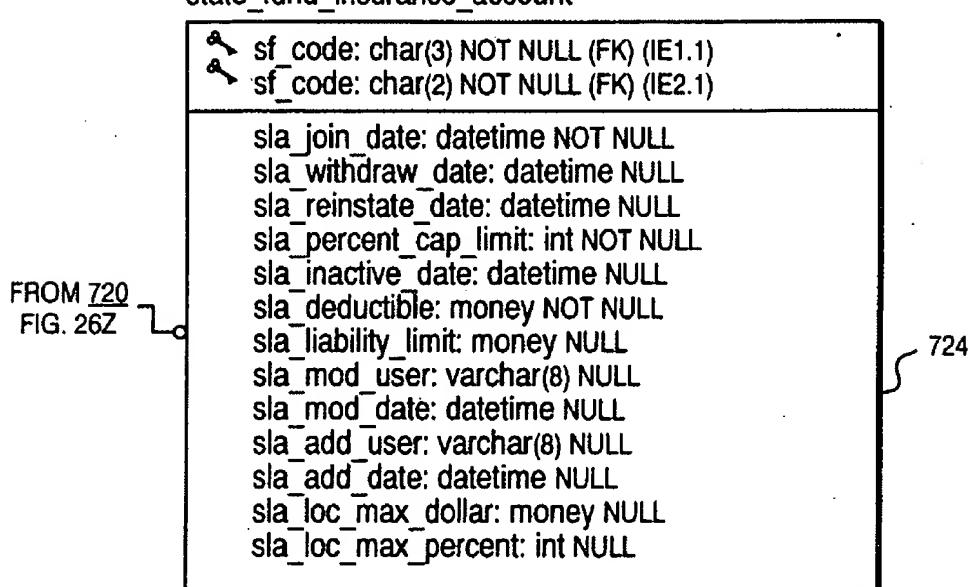
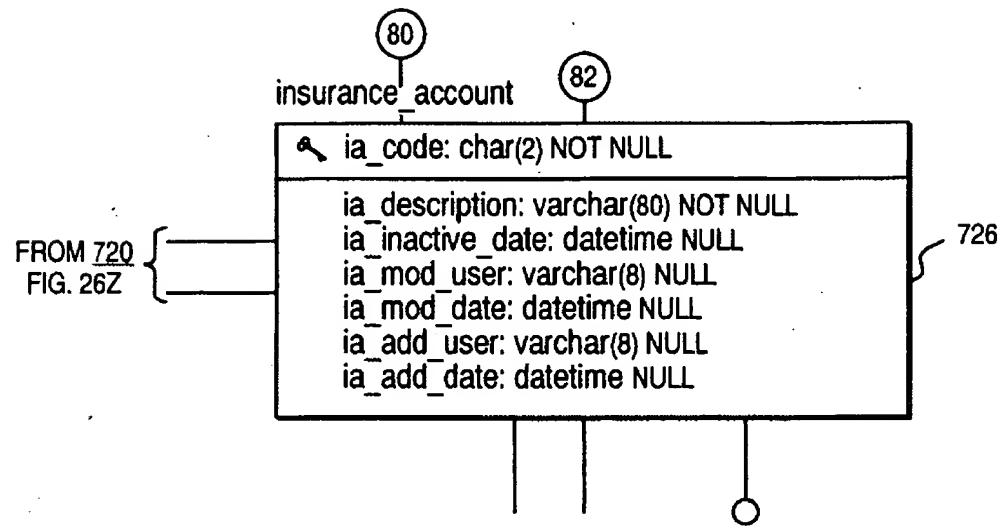


FIG. 26Y





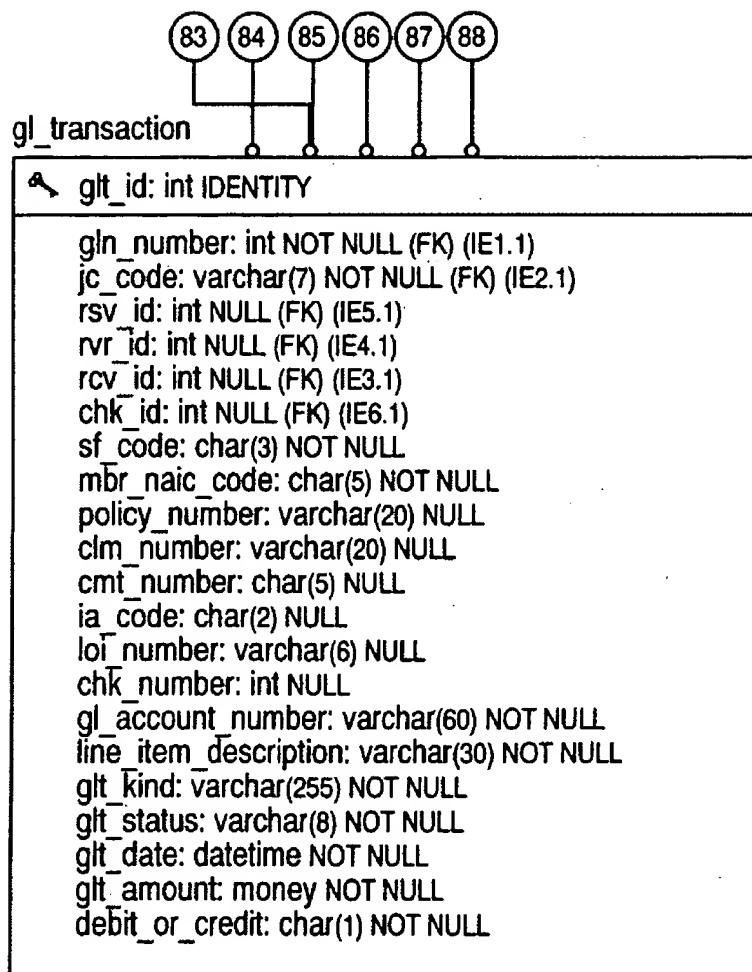
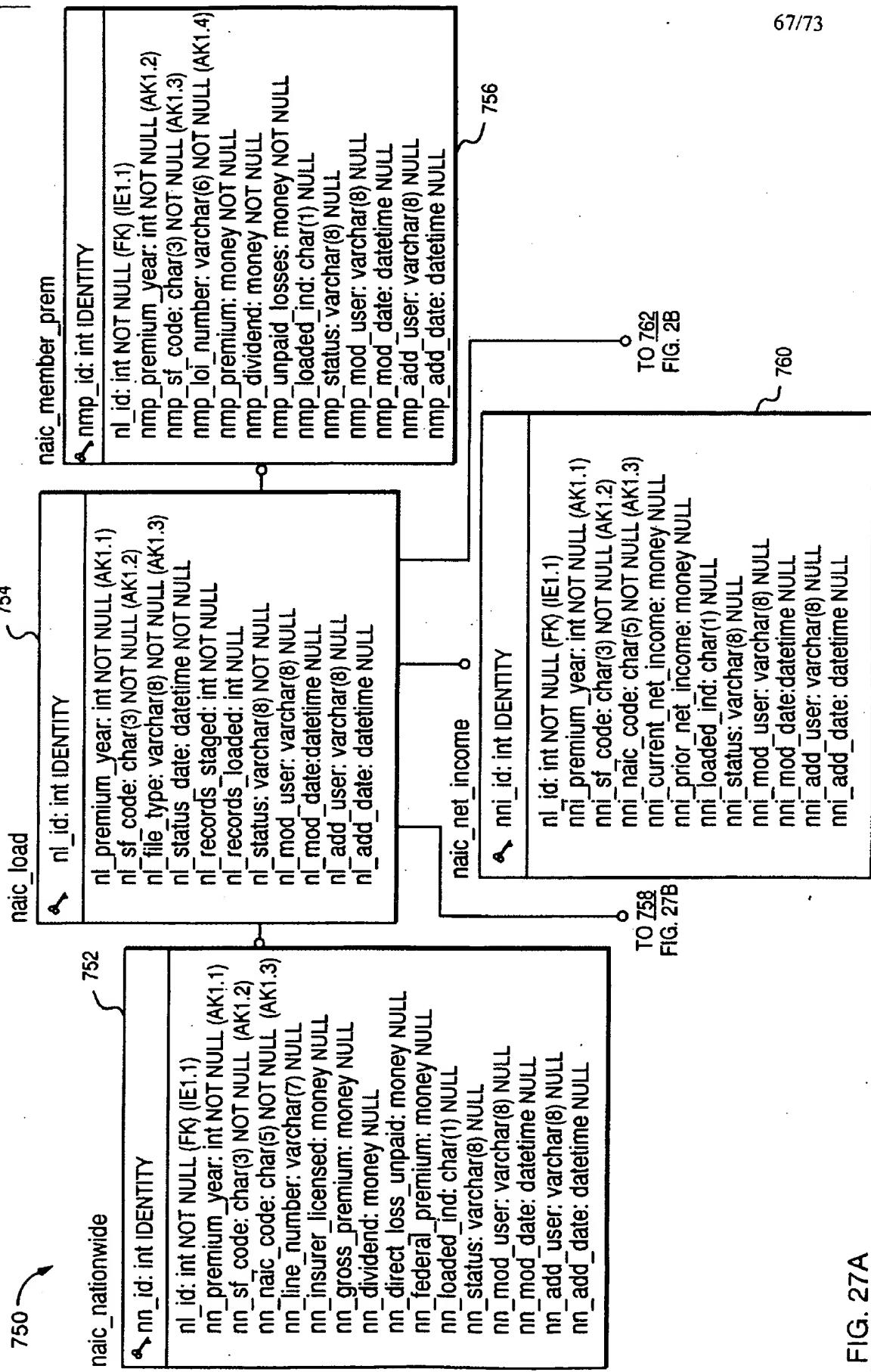


FIG. 26BB



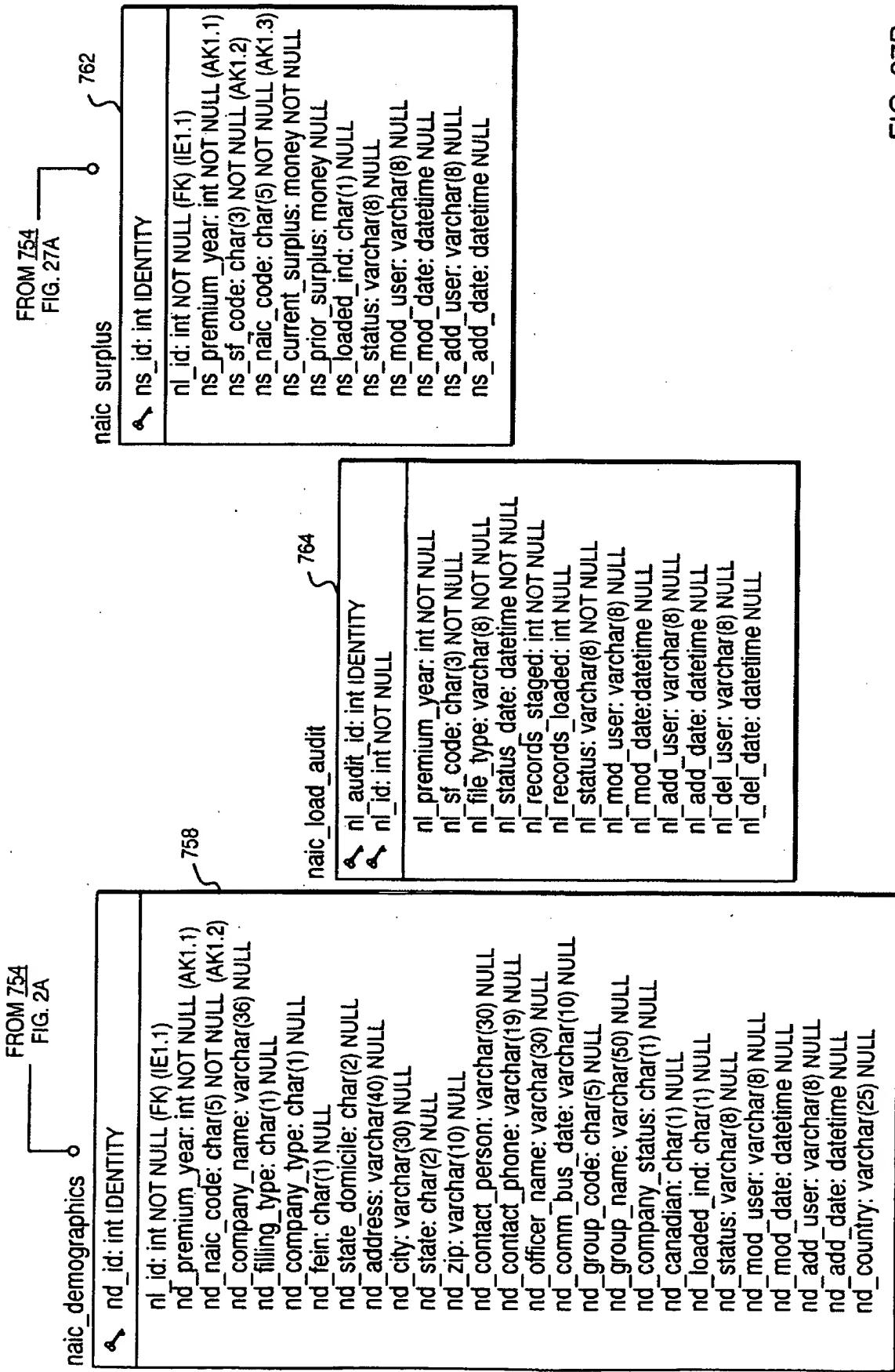
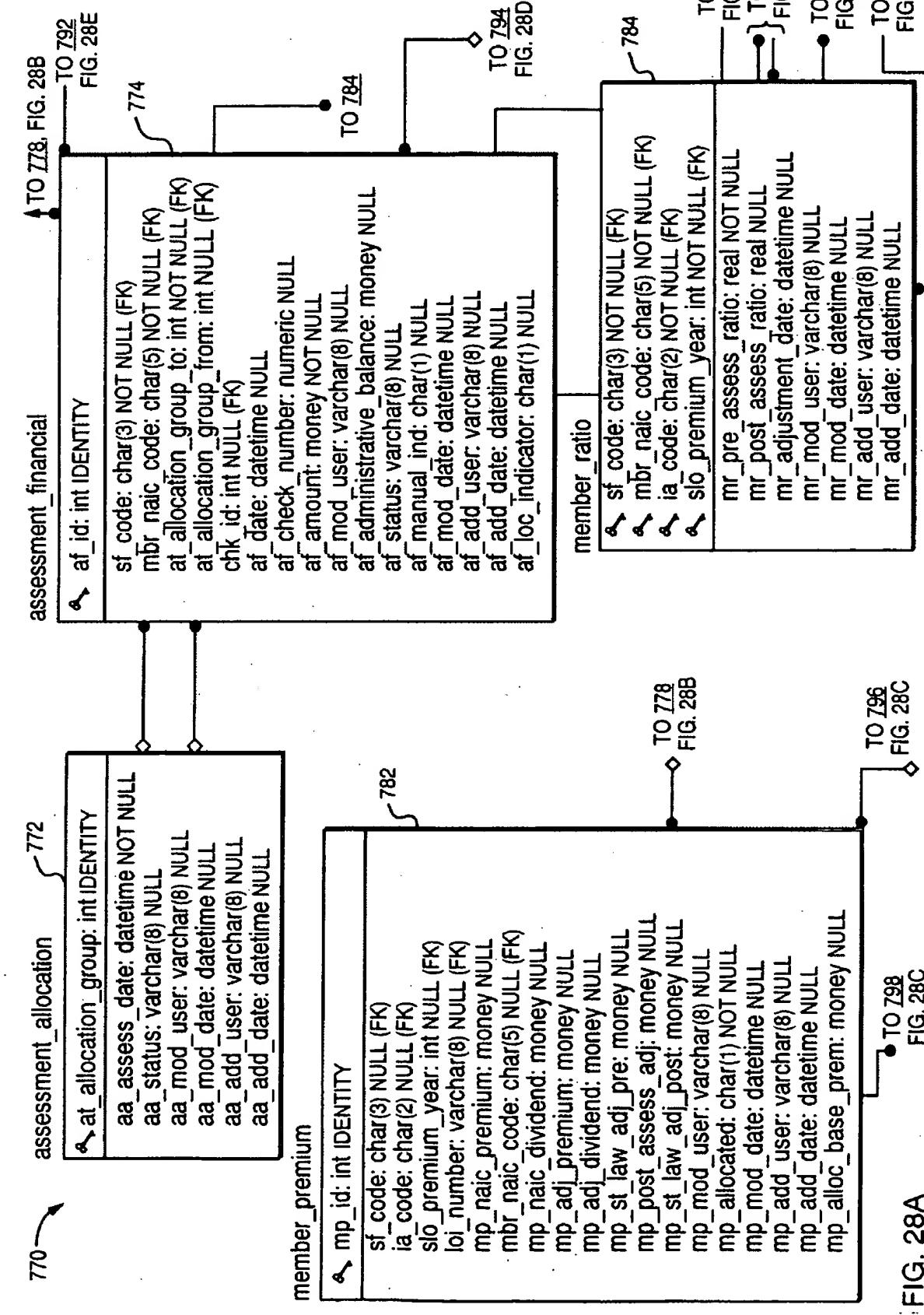
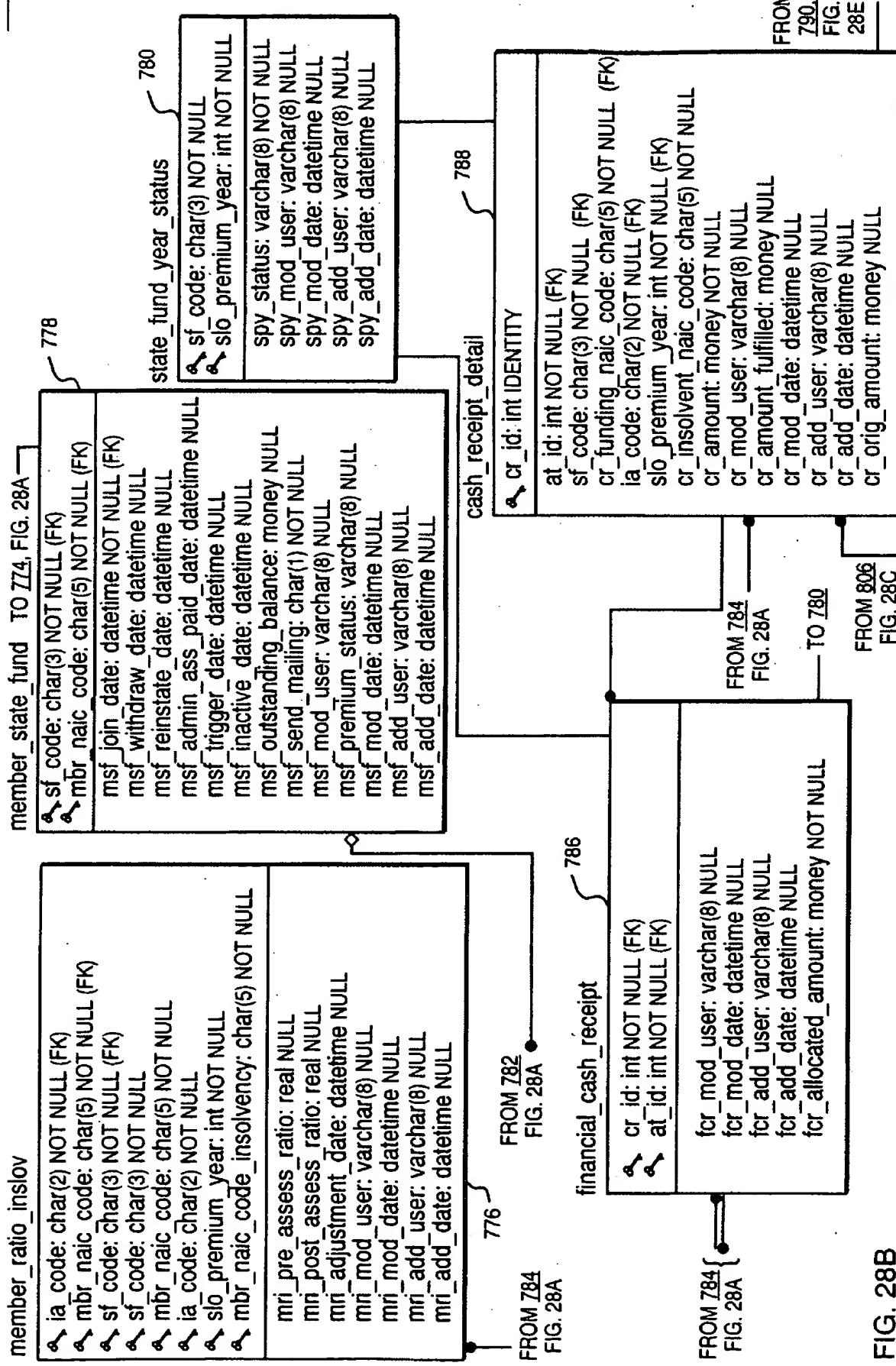


FIG. 27B



Replacement Sheet

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FROM 782

FIG. 28A

member_prem_insolv

798

```

    ↗ mp_id: int NOT NULL
    ↗ mbr_naic_code_insolvency: char(5) NOT NULL (FK)

    mpi_pre_assess_amount: money NULL
    mpi_post_assess_amount: money NULL
    mpi_mod_user: varchar(8) NULL
    mpi_mod_date: datetime NULL
    mpi_add_user: varchar(8) NULL
    mpi_add_date: datetime NULL

```

FROM 782

FIG. 28A

assessment_allocation_msf

800

```

    ↗ al_allocation_group: int NOT NULL
    ↗ sf_code: char(3) NOT NULL
    ↗ mix_naic_code_funding: char(5) NOT NULL
    ↗ aam_loc_notification: char(1) NOT NULL

```

state_fund_loi_per_year

796

```

    ↗ sf_code: char(3) NOT NULL (FK)
    ↗ ia_code: char(2) NOT NULL (FK)
    ↗ loi_number: varchar(6) NOT NULL (FK)
    ↗ slo_premium_year: int NOT NULL (FK)

```

```

    slo_levied_year: int NOT NULL
    slo_mod_user: varchar(8) NULL
    slo_mod_date: datetime NULL
    slo_add_user: varchar(8) NULL
    slo_add_date: datetime NULL

```

state_fund_premium_totals

802

sfp_id: int NOT NULL

```

    sf_code: char(3) NOT NULL
    slo_premium_year: int NOT NULL
    la_code: char(2) NOT NULL
    sfp_insolv_date: datetime NULL
    sfp_amount: money NOT NULL
    sfp_mod_user: varchar(8) NULL
    sfp_mod_date: datetime NULL
    sfp_add_user: varchar(8) NULL
    sfp_add_date: datetime NULL

```

assessment_financial_staging

afs_id: int IDENTITY

```

    at_allocation_group_to: int NULL
    af_amount: money NULL
    fcr_allocated_adjustment: money NULL
    cr_id: int NULL
    add_user: varchar(8) NULL
    admin_bal_adjustment: money NULL

```

804

FROM 784

assessment_transaction

806

FIG. 28A

at_id: int IDENTITY

```

    sf_code: char(3) NOT NULL (FK)
    mbr_naic_code: char(5) NOT NULL (FK)
    ia_code: char(2) NOT NULL (FK)
    at_premium_year: int NOT NULL
    at_kind: varchar(8) NOT NULL
    at_assess_date: datetime NOT NULL
    at_allocation_group: int NULL (FK)
    at_type: varchar(9) NOT NULL
    at_assess_amount: money NOT NULL
    at_deferred_amount: money NULL
    at_reversal: char(1) NOT NULL
    at_from_deferred: char(1) NOT NULL
    at_adjustment_date: datetime NULL
    at_mod_user: varchar(8) NULL
    at_mod_date: datetime NULL
    at_add_user: varchar(8) NULL
    at_add_date: datetime NULL
    at_reverse_at_id: int NULL
    at_loc_notification: char(1) NULL

```

TO

788

FIG.

28B

FIG. 28C

FROM 792

FIG. 28E

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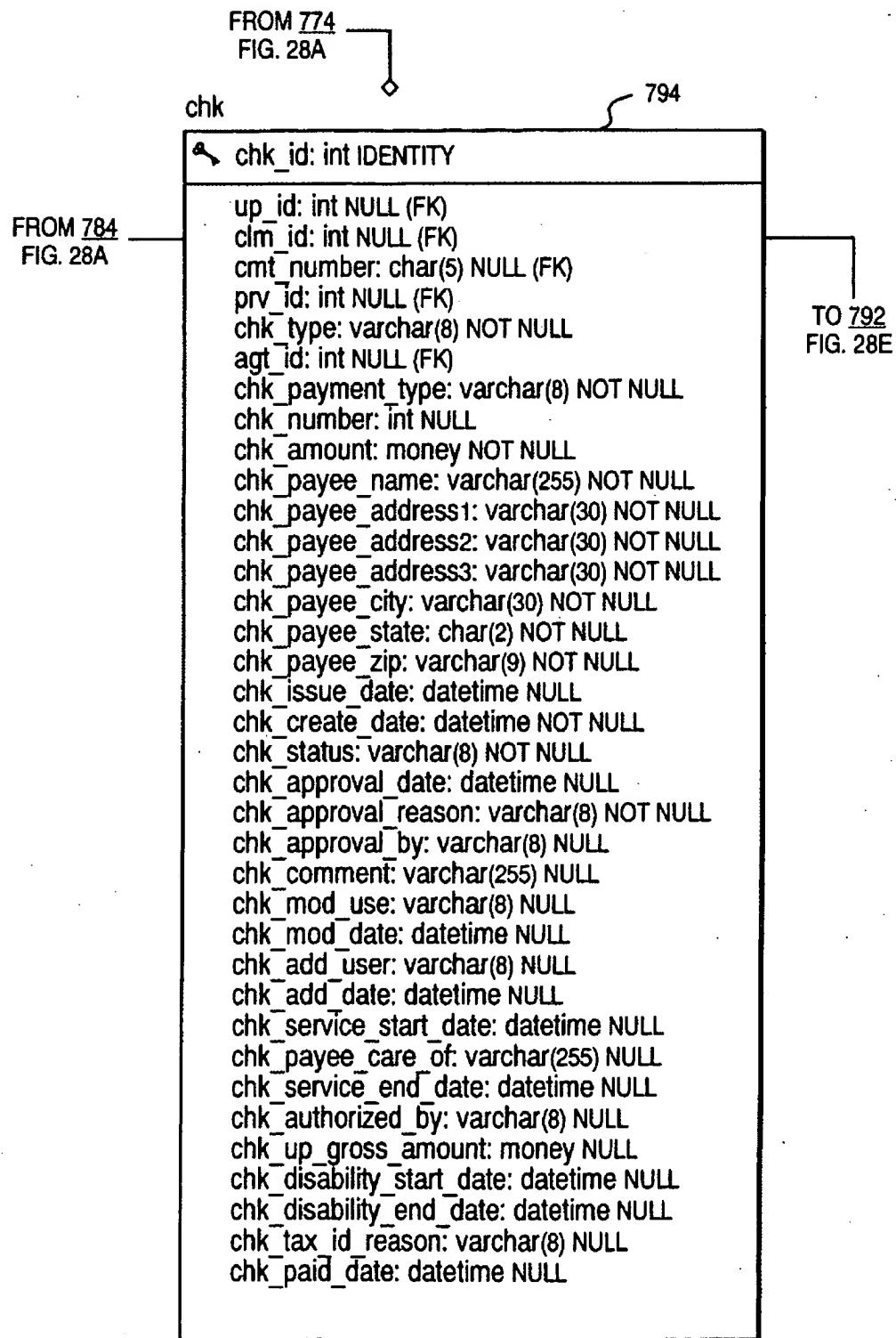


FIG. 28D

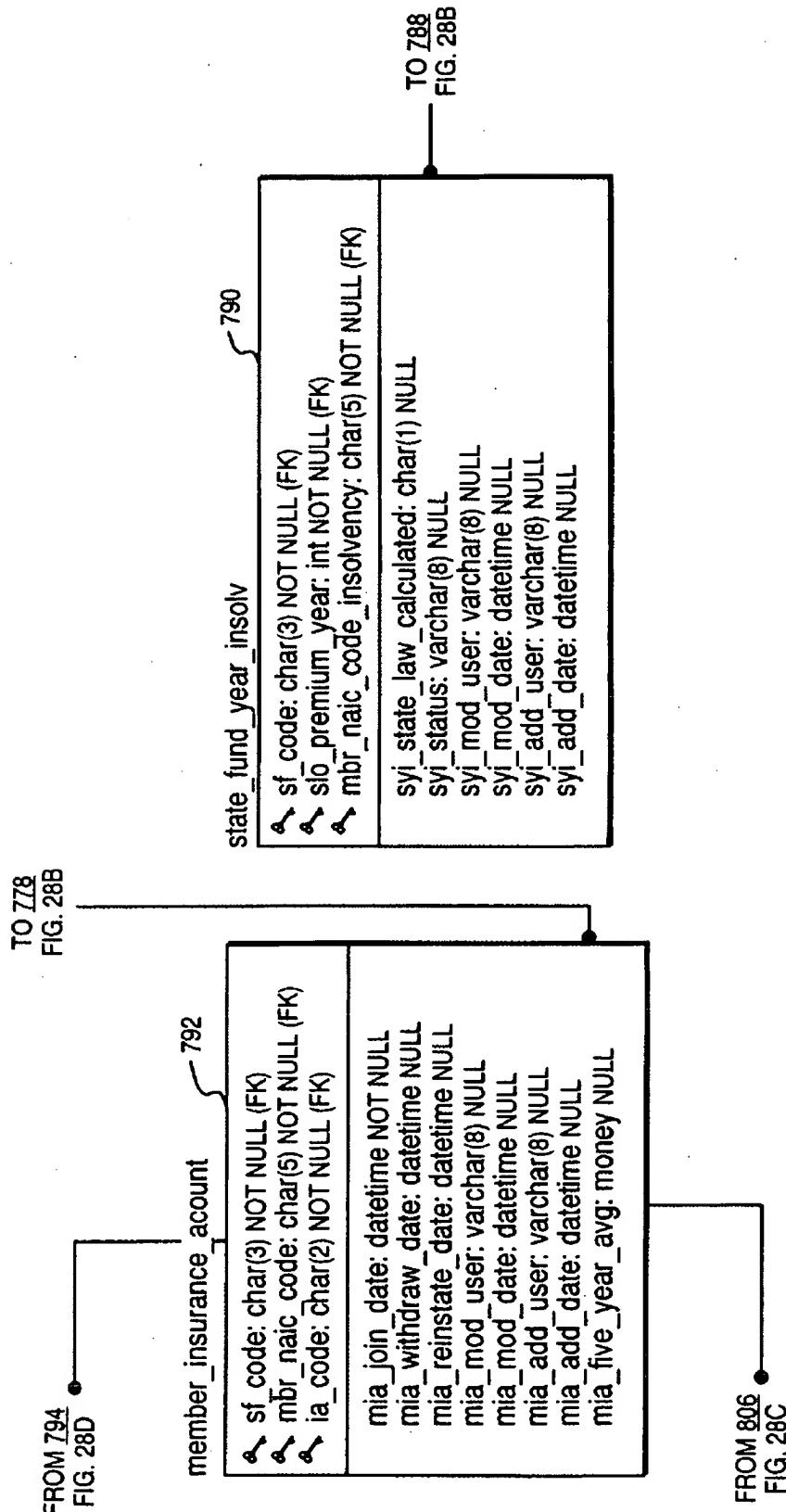


FIG. 28E